

INSTRUCTIONS – APPLICATION FOR FAMILY HOUSING

The application to the wait list is a 2 step process, the Housing Management Office Requirements and the Balfour Beatty Communities requirements:

1. Housing Management Office (HMO) Requirements

- a. Complete the DD Form 1746, click on the paperclip left hand side of the form and complete the Referral Checklist and the AF Form 4422
- b. Copy of the PCS orders to Lackland AFB. If the PCS orders do not include all dependants, additional documents are needed:
 - For Children – copy of the birth certificate OR copy of the DD Form 1172 (Request for Dependent ID card from DEERS)
 - For a Spouse – Copy of the Marriage License
- c. Supporting documentation for special medical consideration must be provided. Medical documentation for pregnancy must be attached for consideration of an additional bedroom.

Please forward the documents to the Ms Elvira Martinez, elvira.martinez@us.af.mil, phone (210) 375-5149 or Mr. Darrell Gant, darrell.gant@us.af.mil, phone (210) 375-5148 or fax (210) 375-5150, DSN 473-3472. The HMO will determine eligibility and forward the documents to BBC. Please allow up to 5 days to process the paperwork. Incomplete applications will not be processed. The standard on base is one bedroom per child. The largest house is a 5 bedroom unit.

2. Balfour Beatty Communities (BBC) Requirements:

- a. Complete the Balfour Beatty Communities application (found under Forms and Guides at www.lacklandafbfamilyhousing.com/) or at bottom of this package).
- b. Copy of the PCS orders to Lackland AFB.
- c. Current copy of an end of the month LES

Please forward the documents to BBC (see the contact phone number and e-mail at <http://www.lacklandfamilyhousing.com>) and for information about estimated wait time please contact BBC directly at 1-877-385-0076 or (210) 674-9366.

The Base Lodging Office reservation line is 1-888-235-6343 for temporary lodging arrangements.

If on-base housing is not immediately available upon your arrival, the “Welcome Package” on the Air Force Housing Website contains the off base housing information.

Please note for an advance referral application the date the Housing Office receives the referral form is not the date you are placed on the waitlist.

The effective date of application:

Advanced Application - The date the applicant departs the losing installation (including members with TDY enroute) or the date ordered to active duty. The effective date of application may not predate the date of entry on active duty.

Walk-in Applications - The effective date for a member who walks into the gaining installation Housing Management Office is as follows:

- If within 30 days of arrival, the application date will be the departure date from the losing installation.
- If more than 30 days after arrival, the application date will be the date of the walk-in.
- If the date of application is the walk-in date and dependents have not arrived on the installation or arrival is more than 30 days; the application date will be the date member’s dependents arrive on the installation.

Note: Military personnel coming to Lackland following an Unaccompanied Dependent Restricted Tour (UDR) should provide a copy of the PCS orders for the UDR Tour and the PCS orders to Lackland.

APPLICATION FOR ASSIGNMENT TO HOUSING (Before completing form, read Privacy Act Statement and Instructions on reverse)				1. TYPE SERVICE DESIRED (X one or both)	
				a. MILITARY	b. HOUSING REFERRAL
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR (Last, First, Middle Initial)		3. PAY GRADE	4. SSN	5. DOD COMPONENT	
6. ADDRESS (Street, City, State, Zip Code)		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT (X one)	
		a. HOME (Area Code)	b. DUTY (DSN)	a. MILITARY MEMBER	c. CIVILIAN
		9. MARITAL STATUS		b. MILITARY SPOUSE	d. FOREIGN NATIONAL
				10. I AM SEPARATED FROM MY DEPENDENTS (X one)	
				a. VOLUNTARILY	b. INVOLUNTARILY
11. I REQUEST HOUSING FOR (X one)			SECTION II - MILITARY CAREER INFORMATION (Civilians)		
a. SELF ONLY			b. SELF AND DEPENDENTS		
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM			14. DATES (Enter in YYMMDD)	MILITARY	MILITARY SPOUSE
			a. EFFECTIVE RANK/RATE DATE		
			b. ACTIVE DUTY SERVICE		
			c. TIME REMAINING ON ACTIVE		
13. INSTALLATION/ORGANIZATION TRANSFERRED TO			d. EFFECTIVE CHANGE IN DUTY STATION		
			e. REPORT DATE		
			f. ESTIMATED FAMILY ARRIVAL		
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME (If more space is needed, continue on plain paper.)					
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYMMDD)	c. SEX	d. RELATIONSHIP	e. REMARKS (Handicap, health problems, expected additions to family, etc.)	
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED (X as applicable)					
a. PURCHASE HOUSE	d. RENT HOUSE	g. RENT MOBILE HOME		j. ROOM AND BOARD	
b. PURCHASE CONDOMINIUM	e. RENT APARTMENT	h. SHARE		k. SUBLET	
c. PURCHASE MOBILE HOME	f. RENT MOBILE HOME	i. RENT ROOM		l. TRANSIENT	
17. AMENITIES DESIRED (X as applicable. Write number in d. and e.)			18. DATE HOUSING NEEDED (YYMMDD)	19. PRICE RANGE (Community Housing)	
a. FURNISHED	e. NO. BATHS				
b. UNFURNISHED	f. PETS (Allowed)				
c. AIR CONDITIONING	g. OTHER (Explain)	20. LOCATION PREFERENCE (Community Housing)			
d. NO. BEDROOMS					
21. REMARKS					
I, _____ GIVE THE HOUSING OFFICE AUTHORIZATION TO RELEASE MY PRIVACY ACT INFORMATION TO THE PROPERTY/PROJECT OWNER.					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED (YYMMDD)	
SECTION V - DISPOSITION (To be completed by the Housing Office.)					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED (YYMMDD and time)	b. APPLICATION EFFECTIVE (YYMMDD)	c. DD FORM 1747 PROVIDED (YYMMDD)	d. HOUSING AVAILABILITY (Boxes indicated on DD Form 1747)		
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT (YYMMDD)	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED (YYMMDD)		
SECTION VI - HOUSING REFERRAL CERTIFICATE					
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing		
			25. SIGNATURE OF APPLICANT	26. DATE SIGNED (YYMMDD)	

FOR ASSET MANAGEMENT USE ONLY								
Priority	1	2	3	4	5	6	7	8
	K&E	AD-LAFB	AD-Non LAFB/Guard/ Reserve/Unaccompanied	FCS	Retiree	Retired FCS	DoD Contractors	General Public
Category Bdrm Entitlement: _____			ORDERS/DEERS Verified by: _____					
Application Forwarded to BBC: _____			Effective Date of Application/ Date placed on the waiting list: 					

Privatized Housing (Balfour Beatty Communities-BC) PLEASE INITIAL ALL

GOVERNMENT EMAIL ADDRESS

Lease. Occupant must sign a one-year lease (which has a military clause) and agree to give BBC 30 days written notification of termination. Please carefully review the lease and special addendums prior to signing.

Rental Rate/Payment. Rental rate is the amount of the BAH at the “with dependent” rate **for both accompanied and unaccompanied** military members. For mil-to-mil families, BAH is based at the senior member’s BAH rate. Your rate is paid by an allotment and will automatically change when BAH rates change and as promotion occurs. Talk with BBC regarding Renters Insurance offered.

Utilities. During the initial development period, BAH includes rent and utilities. Homes are expected to be individually metered in approximately 3 years.

Incentives. BBC provides landscape maintenance (grass cutting *outside fenced areas*, shrub trimmings, etc.) recycling, trash collection, entomology, and routine maintenance/repair service. No security deposit is required if paying by allotment; no pet deposit is required. Military police and fire protection in this gated community is provided by LAFB.

Pets. Pets are limited to TWO per household and are subject to breed and size restrictions. Please refer to the BBC lease and resident guidelines.

Gov-Paid Local Move/Dity/Storage. If currently residing off-base, you are authorized a Government – paid move into privatized housing. Immediately upon acceptance of privatized housing, visit the Asset Management Office for TMO moving orders. The government will only authorize one paid move per household into privatized housing. You are authorized Government-paid (only within 30 days of move-in) storage of *furniture items* (a complete list and appropriate weight of furniture items is required).

Landlord/Tenant Complaints (Off Base and Privatized Housing). All Off/On Base landlord/tenant complaints must be submitted in writing to 802 CES/CEAC. Please provide name, house address, date, current duty phone number, home/cell phone number, organization, email address and the nature of the complaint. Complaints about maintenance issues should also include work order numbers, if known. (See attached form). Information/ and assistance on Fair Housing may be obtained through the Asset Management Office if discrimination is perceived. Mediation assistance can be provided if situation warrants.

Resident Comment Cards/Feedback. Resident feedback is important. Comment cards/forms and survey let us know when you are and are not satisfied with the services provided. Comment Cards/Forms are available at the customer service desks, Balfour Beatty events and when maintenance service is provided. If you don’t receive a comment card or form, please ask for one!

Virtual out Processing(VoP)/Change of status (on base housing residents). Residents living in base housing should notify BBC when there is a change in status (rank, family separation, divorce, marriage, # dependents, deployment, PCS, retirement, etc.). The HMO advises BBC whenever an on base housing resident’s name appears in VoP.

Weapons. Weapons must comply with local installation regulations, failure to comply will result in eviction. Please see Balfour Beatty Communities Resident Guidelines for Weapon’s Policy.

Off-base Referral:

_____ Customized referral package w/handouts, maps, etc., provided.

_____ Active Duty military assigned to a San Antonio area serviced by San Antonio Water Systems (SAWS), Grey Forest Utility Company, City of Leon Valley Utility Company and City Public Service (CPS) are eligible to obtain a waiver for deposits for utilities under the Utility Deposit Deferral Program. Form requires your account Number(s).

**SEX OFFENDER DISCLOSURE AND
ACKNOWLEDGEMENT**

Attach to application for military, government-managed and privatized housing

*I, (print name) _____, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, **Application for Assignment to Housing**.*

POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons

PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside

CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

Signature of Applicant

Date

Application for Housing

SPONSOR							
Name:			SSN:		DOB:		
UIC:		DOR:	Branch of Service:		Rank:		
Installation Assignment:		Arrival Date:	Duty Phone:		Cell Phone:		
			Home Phone:		E-Mail:		
Duty Location (if different):		Duty Zip Code:	Last Assignment:				
Current Address:			Own:	Rent:	Govt:		
Previous Address:			Own:	Rent:	Govt:		
MILITARY SPOUSE (IF APPLICABLE)							
Name:			SSN:		DOB:		
UIC:		DOR:	Branch of Service:		Rank:		
Installation Attachment:		Arrival Date:	Duty Phone:		Cell Phone:		
			Home Phone:		E-Mail:		
Duty Location (if different):		Duty Zip Code:	Last Assignment				
Current Address:			Own:	Rent:	Govt:		
Previous Address:			Own:	Rent:	Govt:		
FAMILY MEMBERS							
Name:		DOB:	Relationship:	Are you or any of your family members enrolled in EFMP? Y – N			
				Do you or any of your family members have a special need? Y - N			
				Does the special need require housing modifications? Y - N If so what?			
				Pertaining to housing, what accessibility requirements will be needed?			
				Have you contacted the EFMP manager? Y – N			
VEHICLE							
Make:		Model:	Year:	Color:	Reg. #:	Tag #	State
MISCELLANEOUS							
Do you own a pet? Y - N			Number of Pets?		Type(s):		
Have you or any family member ever been evicted or asked to leave housing? Y – N							
Explanation:							
EMERGENCY CONTACT							
Name:		Address:		Phone Number:		Phone Work:	
THE UNDERSIGNED AGREES THAT ALL INFORMATION THAT HAS BEEN PROVIDED IS ACCURATE.							
Signature:				Date:			
Co Signature:				Date:			