

Printed Last Name / First Name

Rank

**Moody AFB Housing Management Office (HMO)  
Proof of Eligibility for Privatized Housing**  
(This is not a referral form)

Telephone: DSN 460-4417/3426 / COMM (229) 257-4417/3426 Fax: DSN 460-4416 / COMM (229) 257-4416  
E-Mail: moodyafb.housingmgt@us.af.mil

**(To be completed by Military Member)**

I understand I must report to the Moody HMO located in Bldg 320 on Moody AFB upon arrival to Moody for a housing briefing.

**BEFORE** signing a lease, I must present a briefing/referral confirmation form to the privatized leasing office.

I give Moody HMO permission to release my information to the Property Manager/Owner.

Estimated date out processing current duty station: \_\_\_\_\_ (DD MMM YY)

Estimated or actual arrival date to Moody : \_\_\_\_\_ (DD MMM YY) AD Mbr DOB: \_\_\_\_\_

Total number of occupants to reside in home (including self): \_\_\_\_\_

Previously lived/or living in Moody privatized housing: Yes \_\_\_ No \_\_\_ House # / Street: \_\_\_\_\_

Currently have PCS/retirement/separation orders leaving Moody AFB? Yes \_\_\_ No \_\_\_

**Please include a copy of your PCS orders to Moody AFB (all pages & amendments)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: Duty Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email address (.mil / personal address): \_\_\_\_\_

REMARKS: \_\_\_\_\_

**(Declination of Privatized Housing Option; To be completed by Military Member)**

I understand that Moody AFB has two Privatized Owners (PO) providing housing. I also understand that by submitting my application, I will automatically be referred by Moody HMO to both PO's. I may **DECLINE** referral to either PO by initialing the appropriate box below and signing on the signature line:

<b><u>Hunt Companies</u></b>	<b><u>Decline Referral</u></b>	<b><u>Balfour Beatty</u></b>	<b><u>Decline Referral</u></b>
Magnolia Grove/Quiet Pines	_____	Azalea Commons	_____
Signature _____			

**(To be completed by Housing Management Office)**

Based on the member's orders and information given, the member is eligible for privatized housing

Signed AF Form 4422 (HMO only): \_\_\_ Copy of Orders: \_\_\_ DD 1746 or App \_\_\_ Local paid move: Yes / No

Confirmation Briefing/Referral form (for walk-in applications only): \_\_\_\_\_

Eligibility Date **BBC**: \_\_\_\_\_ Hunt: \_\_\_\_\_ Hsg Grade: \_\_\_\_\_ # BRs \_\_\_\_\_

23 CES/CEIH (Name) \_\_\_\_\_ Date Forwarded to PO: \_\_\_\_\_

Remarks: \_\_\_\_\_

PRIVACY ACT STATEMENT: Authority: 5 USC 5911 & 5912; Principal Purpose: To identify customer needs for assistance and housing requirements; Routine Use: None; Disclosure: voluntary; however, failure to provide the requested information will result in our inability to assist you.

In accordance with AFI 33-219; Atch A.3.3.3.1, "Do not transmit classified information over unsecure telecommunications systems. Official DoD telecommunications systems are subject to monitoring. Using telecommunications systems constitutes consent to monitor."