

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> (Before completing form, read Privacy Act Statement and instructions on reverse)				<b>1. TYPE SERVICE DESIRED</b> (X one or both)	
				a. MILITARY HOUSING	b. HOUSING REFERRAL
<b>SECTION I – APPLICANT INFORMATION</b>					
<b>2. NAME OF SPONSOR</b> (Last, First, Middle Initial)		<b>3. PAY GRADE</b>	<b>4. SSN</b>	<b>5. DOD COMPONENT</b>	
<b>6. ADDRESS</b> (Street, City, State, Zip Code, Email)		<b>7. TELEPHONE NUMBER</b>		<b>8. STATUS OF APPLICANT (X one)</b>	
		a. CELL		a. MILITARY MEMBER	c. CIVILIAN
		b. HOME		b. MILITARY SPOUSE	d. FOREIGN NATIONAL
		c. DUTY (DSN)		<b>DOB:</b>	
<b>6a. Email</b>		<b>9. MARITAL STATUS</b>		<b>10. I AM SEPARATED FROM MY DEPENDENTS</b> (x one)	
				a. VOLUNTARILY	b. INVOLUNTARILY
<b>11. I REQUEST HOUSING FOR</b> (X one)				<b>SECTION II – MILITARY CAREER INFORMATION</b> (Civilians skip to item 15 )	
a. SELF ONLY		B. SELF AND DEPENDENTS		<b>14. DATES</b> (Enter in YYMMDD order )	MILITARY APPLICANTS
<b>12. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>				a. EFFECTIVE RANK/RATE DATE	
				b. ACTIVE DUTY SERVICE COMPUTATION	
				c. TIME REMAINING ON ACTIVE DUTY	
<b>13. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>				d. DEROS OR PRD	
				e. REPORT DATE	
				f. ESTIMATED FAMILY ARRIVAL DATE	
<b>SECTION III - DEPENDENT DATA</b>					
<b>15. DEPENDENTS RESIDING WITH ME</b> ( If more space needed, continue on plain paper)					
<b>a. SPOUSE NAME</b> (Last, First, Middle Initial)		<b>b. DATE OF BIRTH</b> (YYMMDD)	<b>c. SEX</b>	<b>d. DATE OF MARRIAGE</b>	<b>f. REMARKS</b> (Handicap, health problems, expected additions to family, etc.)
<b>SPOUSE EMAIL</b>		<b>SPOUSE CELL PHONE</b>			
<b>a. NAME</b> (Last, First, Middle Initial)		<b>B. DATE OF BIRTH</b>	<b>c. SEX</b>	<b>d. RELATIONSHIP</b>	<b>f. REMARKS</b> (Handicap, health problems, expected additions to family, etc.)
<b>16. COMMUNITY HOUSING DESIRED</b> (X as applicable; Write in g. and h. )					
a. PURCHASE HOUSE		d. RENT HOUSE		g. NO. OF BEDROOMS	<b>17. PRICE RANGE:</b>
b. PURCHASE CONDOMINIUM		e. RENT APARTMENT		h. NO. OF BATHS	<b>18. DATE HOUSING NEEDED:</b>
c. PURCHASE MOBILE HOME		f. SHARE		i. PETS	<b>19:LOCATION PREFERENCE:</b>
<b>TLF INFO: HOTEL NAME:</b>				<b>PHONE:</b>	<b>ROOM#</b>
<b>DOG1 BREED</b>		<b>DOG 1 WEIGHT</b>		<b>DOG2 BREED</b>	
<b>DOG 2 WEIGHT</b>					
<b>NUMBER OF CATS</b>		<b>NOTE: MAXIMUM OF TWO PETS ALLOWED - 2 DOGS OR 2 CATS OR 1 DOG+1CAT</b>			
<b>21. REMARKS</b>					
<b>22. SIGNATURE OF APPLICANT</b>				<b>23. DATE SUBMITTED</b> (YYMMDD)	
<b>SECTION V - DISPOSITION</b> (To be completed by the Housing Office)					
<b>24. MILITARY HOUSING</b>					
<b>a. APPLICATION RECEIVED</b> (YYMMDD and time)		<b>b. APPLICATION EFFECTIVE</b> (YYMMDD)		<b>c. DD FORM 1747 PROVIDED</b> (YYMMDD)	<b>d. HOUSING AVAILABILITY</b> (Boxes indicated on DD Form 1747)
<b>e. APPLICANT PLACED ON WAITING LIST</b>		<b>f. EFFECTIVE PLACEMENT</b> (YYMMDD)		<b>g. BEDROOMS REQUIRED</b>	<b>h. DATE UNIT ASSIGNED</b> (YYMMDD)
<b>SECTION VI – HOUSING REFERRAL CERTIFICATE</b>					
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 brief 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 the reason to believe I am	
				<b>25. SIGNATURE OF APPLICANT</b>	
				<b>26. DATE SIGNED</b> (YYMMDD)	

**APPLICATION FOR ASSIGNMENT TO HOUSING****PRIVACY ACT STATEMENT****GENERAL INSTRUCTIONS**

This form provides the Housing Office with information that will be used to provide you with military and/or community housing.

All items not listed are self-explanatory. SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND

SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

**1. TYPE SERVICE DESIRED**

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

**SECTION I - APPLICANT INFORMATION****5. DOD COMPONENT**

Army, Navy, Air Force, Marine Corps.

**6. ADDRESS**

Enter complete current address (*street number and name, apartment number, city, state/country, the 9-digit ZIP code, Email,*).

**12. INSTALLATION/ORGANIZATION TRANSFERRED FROM**

Enter the name of the installation you transferred from.

**13. INSTALLATION/ORGANIZATION TRANSFERRED TO**

Enter the name of the installation to which you are applying for housing.

Include the name of the Organization/Department you will be assigned to.

**SECTION II - MILITARY CAREER INFORMATION****14. DATES** (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (May 17, 1993, would be entered as 930517).

a. Enter the date your current rate/rank was effective.

b. Enter your active duty service computation date.

c. Enter the time (*in months*) that you have remaining on active duty.

d. Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.

e. Enter your official report date (*from your PCS orders*).

f. Enter your estimated arrival date.

**SECTION III - DEPENDENT DATA****15. DEPENDENTS RESIDING WITH ME**

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

**SECTION IV - HOUSING DATA**

16 - 21. Self-explanatory.

**22. SIGNATURE**

The applicant must sign the DD Form 1746.

**23. DATE SUBMITTED**

Enter the date the application was submitted to the Housing Office.

**SECTION V - DISPOSITION** (*To be completed by the Housing Office*)**24. MILITARY HOUSING**

a. Application Received. Enter the year, month, day and time the application was received in the Housing Office.

b. **Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*)

c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.

d. **Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.

e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.

f. **Effective Placement.** The effective date and time of the applicant's placement on the list(s).

g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.

h. **Date Unit Assigned.** Enter the date the unit was assigned.