

APPLICATION FOR HOUSING

| SPONSOR | | | | | | | |
|--|--|-----------------|------------------|-----------------------|-------------------------------|--------------------|-------------|
| Name: | | SSN: | | DOB: | | | |
| Assigned Unit: | | Date of Rank: | | Branch of Service: | | Rank: | |
| Installation Assignment: | | Arrival Date: | | Beale AFB Duty Phone: | | Cell Phone: | |
| BEALE AFB, CA | | | | Spouse Phone: | | E-Mail: (GOV'T) | |
| Duty Location (if different): | | | Last Assignment: | | | | |
| Current Address: | | | Own: | | Rent: | Govt: | |
| Previous Address: | | | Own: | | Rent: | Govt: | |
| MILITARY SPOUSE (IF APPLICABLE) | | | | | | | |
| Name: | | SSN: | | DOB: | | | |
| Assigned Unit: | | DOR: | | Branch of Service: | | Rank: | |
| Installation Attachment: | | Arrival Date: | | Beale AFB Duty Phone: | | Cell Phone: | |
| | | | | Spouse Phone: | | E-Mail: | |
| Duty Location (if different): | | | Duty Zip Code: | Last Assignment | | | |
| Current Address: | | | Own: | | Rent: | Govt: | |
| Previous Address: | | | Own: | | Rent: | Govt: | |
| FAMILY MEMBERS (DEPENDENTS) | | | | | | | |
| Name: | | DOB: | Relationship: | | E-mail address, (spouse only) | | |
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| VEHICLE | | | | | | | |
| Make: | | Model: | Year: | Color: | | License Plate # | State |
| | | | | | | | |
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| | | | | | | | |
| MISCELLANEOUS | | | | | | | |
| Do you own a pet? | | Number of Pets? | | | Type (s): | | |
| Have you or any family member ever been evicted or asked to leave housing? | | | | | | | |
| Explanation: | | | | | | | |
| EMERGENCY CONTACT | | | | | | | |
| Name: | | Address: | | | Phone Number: | | Phone Work: |
| THE UNDERSIGNED AGREES THAT ALL INFORMATION THAT HAS BEEN PROVIDED IS ACCURATE. | | | | | | | |
| Signature: | | | | Date: | | | |