

Active Duty Service Member Application for Housing

SERVICE MEMBER/SPONSOR										
Name:			SSN:			DOB:				
UIC:	Date of Rank:		Branch of Service:			Rank:				
Installation Assignment:					Arrival Date:					
Duty Phone:					Personal Email:					
Mobile Phone:					Military Email:					
Duty Location (if different):			Duty Zip Code:		Last Assignment:					
Current Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>		
Previous Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>		
MILITARY SPOUSE (IF APPLICABLE)										
Name:			SSN:			DOB:				
UIC:	Date of Rank:		Branch of Service:			Rank:				
Installation Assignment:					Arrival Date:					
Duty Phone:					Personal Email:					
Mobile Phone:					Military Email:					
Duty Location (if different):			Duty Zip Code:		Last Assignment:					
Current Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>		
Previous Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>		
FAMILY MEMBERS										
Name:			DOB:			Relationship:				
Name:			DOB:			Relationship:				
Name:			DOB:			Relationship:				
Name:			DOB:			Relationship:				
VEHICLE										
Make	Model	Year	Color	Tag #	State					
PET										
Name	Type	Breed	Color	Gender	Weight	Age				
MISCELLANEOUS										
Veterinarian Name:				Veterinarian Phone:						
Have you or any family member ever been evicted or asked to leave housing?						Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		
Explanation:										
Do you have a Home Based Business?						Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		
Explanation:										
EMERGENCY CONTACT:										
Name:				Phone:			Email:			
THE UNDERSIGNED AGREES THAT ALL INFORMATION PROVIDED IS ACCURATE										
Signature:					Date:					
Co-applicant Signature:					Date:					