

APPLICATION FOR ASSIGNMENT TO HOUSING

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.

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, etc.

6. ADDRESS

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

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*).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- 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.
- Enter your official report date (*from your PCS orders*).
- 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

- Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- Date Unit Assigned.** Enter the date the unit was assigned.

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 barmment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

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, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

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

PRIVATIZED HOUSING (PH) BRIEFING SHEET

ATTENTION: The United States Air Force 24 Hour Housing Call Center Toll Free Number is: 1-800-482-6431

This checklist is prepared to ensure that you are briefed on Privatized Housing (PH) policies and procedures. ***Military Housing Office (MHO) Services: 8090 E. Ironwood St, (520) 228-3687/5705/Soaring Heights Communities (SHC), 8090 E. Ironwood St, (520) 745-5024***

- a. Referral to privatized housing
- b. Problem resolution with Soaring Heights Community
- c. Government-paid local move/storage
- d. Process advance applications for outgoing personnel

1. **Paid / Reimbursable Local Moves: Local moves from off-base/community housing to PH are paid on a one-time basis after PCS. If you have previously resided in PH, you may not be authorized a Govt. paid move (move will be at member's expense). To initiate a Govt. paid move, upon receipt of an on-base housing offer letter provided from SHC; please contact the DMAFB MHO that same day the housing offer letter is obtained to request either a Govt. Contracted Move (GCM) Memorandum, or a Personal Property Move (PPM) Memorandum. This MUST be done prior to signing a lease or PRIOR TO MOVING YOUR HOUSEHOLD GOODS! If a GCM/PPM Memorandum is issued by MHO, and is NOT SUBMITTED TO TMO PRIOR TO MOVE-IN (OR LEASE SIGNING), THE MOVE WILL BE FUNDED AT THE MEMBERS EXPENSE! Any questions to this statement call MHO for clarification (520-228-3687).**
2. **PLEASE BE ADVISED:** The Service members Civil Relief Act (SCRA), will **NOT** allow a member to break a lease with an off-base property manager to move into Privatized Housing on-base. Member must have official deployment orders for 90 days or more; or have received hard copy assignment orders to formally break a lease with an off/on-base property manager.
3. **Storage of Excess Household Goods (HHG)/Non-Temporary Storage (NTS): An NTS request must be made to the DMAFB MHO within 30 days of assignment to PH. Please contact the DMAFB MHO for more details concerning eligibility for NTS as per AFI 32-6000, as well as JTR/DTMO guidance and instruction.**
4. **Rental Rate/Payment:** The monthly rental rate will equal the military members with dependent rate BAH. Military married to military will be the senior ranking member's with dependent rate BAH. Rent must be paid by allotment to SHC.
5. **Renters Insurance:** Renter's insurance is not provided by SHC; and the service member is now required to acquire it, prior to signing a lease with SHC. Renters insurance provides coverage for theft, natural disasters, and can assist in negating additional charges upon move out.
6. **Utility Billing:** Specifics on utility billing will be briefed by SHC.
7. **Lease:** The occupant must sign a one-year lease (month to month after initial year) and must provide **30 days** written notice for termination of quarters due to PCS, separation, retirement, deployment, or voluntary move. No security deposit or application fees will be required for active duty military personnel.
8. **Washer/Dryers:** There are no washer or dryers in the home, and there is no laundromat on base. The homes have washer and dryer connections/appliance hook-ups.
9. **Pets:** **Pets are limited to two domestic pets per household.** Any animal demonstrating aggressive behavior may be removed from PH. Please check with SHC regarding all current pet policies and prohibited breed restrictions.
10. **Operating Private Business/Day Care in PH:** Residents desiring to provide day care and operate private businesses in PH must obtain written approval from SHC and subsequently the installation commander. Approval must be obtained prior to start of business. For additional guidance regarding Family Day Care, contact Family Day Care Office at 228-2201.
11. **Entitlement Change:** Any entitlement change (promotion/demotion or change in number of dependents) must be reported to SHC as soon as possible.
12. **Firearm Registration:** All residents are required to register privately-owned firearms at the 355 SFS armory, building 1358, **AF Form 1314 (Firearms Registration) and DD Form 2760 (Qualifications to Possess Firearms or Ammunition)** these forms must be submitted to SHC, they have these forms available for you. Under no circumstances will any person(s) store loaded weapons on DMAFB. Sale, purchase, and/or distribution of weapons are strictly prohibited on DMAFB. If you have any questions, please contact 355 SFS at **228-7992/7993/5878.**

Member's Signature

DM AFB Military Housing Office
Housing Counselor

Date

DMAFB MHO-SHC ON-BASE HOUSING ELIGIBILITY SHEET

Name:	Eligibility Date:	MHO REP:
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Pay Grade:	DOD Component:	Date Housing Needed:
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Squadron/Unit:	Government Email
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Phone Number: _____	Personal Email:
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Duty Phone Number:	Date of Birth:
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Bedrooms Required/Eligible:	6 MONTHS OF RETAIN-ABILITY/DOS:
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E-9 K&E:	(SO) O-6 K&E
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E-9 Prestige HSG. Eligibility Date\DOR:	O-6 SO HSG ELIG. Date\DOR:
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E-9 - SNCO - Housing Eligibility Date:	O-6 - FGO HSG ELIG. Date:
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DEPENDENT INFORMATION

Marital Status:	Spouse Phone #:
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Spouse Email:

OET: Yes <input type="checkbox"/> No <input type="checkbox"/>	Category 1 - Other DoD Active Duty Members/Families - UPH
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Category 2 - National Guard and Reserve Military Members/Families

Category 3 - Federal Civil Service Employees
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Category 4 - Retired Military Members/Medically Retired/Family Members/Widows

Category 5 - Retired Federal Civil Service Employee

Category 6 - DoD Contractor Permanent Employee	Category 7 - General Public
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DEPENDENT INFORMATION & ADDITIONAL COMMENTS:

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