APPLICATION FOR ASSIGNMENT TO HOUSING		1. TY	1. TYPE SERVICE DESIRED (X one or both)						
(Before completing form, read Privacy Act Statement and Instructions on re			nreverse)	reverse)		a. MILITAR	RY HOUSIN		
SECTION I - APPLICANT INFORMATION									
2. NAME OF SPONSOR (Last, First, Middle Initial)	3. PAY GRADE		4. SS	iN .		5. DOD	COMPO	NENT	
6. ADDRESS (Street, City, State, Zip Code)	7. TELEPHON	E NUMBE	R		8. ST	ATUS O	F APPLIC	CANT (X o	ne)
	a. HOME (Area C	ode)	b. DUT	Y (DSN)		a. MILITA	RY MEMBE	:R	c. CIVILIAN
						b. MILITA	RY SPOUSE	E	d. FOREIGN NATIONAL
	9. MARITAL S	TATUS	10. I A	M SEPARATED	FRON	MY DEF	ENDEN	TS (X one)	
				a. VOLUNTARILY				b. INVOLUN	TARILY
11. I REQUEST HOUSING FOR (X one)			SECT	ION II - MILITAR	Y CAR	EER INFO	RMATIC	ON (Civilian	s skip to Item 15.)
a. SELF ONLY b. SELF AND DEPENDENTS	<u> </u>		+	ATES (Enter in YY			T	/ APPLICANT	1
12. INSTALLATION/ORGANIZATION TRANSFERR			-	ECTIVE RANK/RATE		,		711121071111	
			-	IVE DUTY SERVICE		ATION			
			-	IE REMAINING ON A					
13. INSTALLATION/ORGANIZATION TRANSFERS	REDTO		-						
			-	ECTIVE CHANGE IN	טטוז או	ATION			
				PORT DATE	20/41 54				
OFOTION III. DEBENDENT DATA			T. EST	IMATED FAMILY ARE	RIVAL DA	IL			
SECTION III - DEPENDENT DATA									
15. DEPENDENTS RESIDING WITH ME (If more spa	ce is needed, continue	on plain pa	aper.)						
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYMMDD)	c. SEX	d.	RELATIONSHIP	e. REM	MARKS (Hand		lth problem family, etc.)	s, expected additions
SECTION IV - HOUSING DATA	•		•						
16. COMMUNITY HOUSING DESIRED (X as applica	ble)								
a. PURCHASE HOUSE	d. RENT HOUSE			g. RENT MOBILE H	IOME SPA	CE		j. ROOM AN	ID BOARD
b. PURCHASE CONDOMINIUM	e. RENT APARTME	NT		h. SHARE	k. SUBLET				
c. PURCHASE MOBILE HOME	f. RENT MOBILE HO			i. RENT ROOM			++	I. TRANSIEN	NT
17. AMENITIES DESIRED (X as applicable. Write numb		J	18. D	ATE HOUSING N	NEEDE	D		RICE RANG	
a. FURNISHED	e. NO. BATHS		_				(Con	nmunity Hou	ising)
b. UNFURNISHED	f. PETS (Allowed)							N/A	
c. AIR CONDITIONING			20. 10	OCATION PREFI	FRFNC	F (Commu	nity Housin	1a)	
d. NO. BEDROOMS	g. OTHER (Explain)	'				_ (<i>co</i> √A	,	.9/	
21. REMARKS OET - Eligibility Categories: - Category 1: Other DoD Active Duty Members/Fa - Category 2: National Guard and Reserve Military - Category 3: Federal Civil Service Employees - Category 4: Retired Military - Medically Retired - - Category 5: Retired Federal Civil Service Employee	Members/Familie Family Members - /ees	s Widows	ied to	Give the Military release my Priv	acy Ad	et Inform			
- Category 6: Department of Defense Contractors/	Permanent Emplo	yees							
- Category 7: General Public EMAIL: DATE	OF BIRTH:		_ MI	HO ELIGIBIL	ITY D	ATE:			
22. SIGNATURE OF APPLICANT							23. DA	ATE SUBI	MITTED
							(Y	YMMDD)	
SECTION V - DISPOSITION (To be completed by the Ho	usina Office.)						1		
24. MILITARY HOUSING	<u> </u>								
	ON EFFECTIVE (YYMM	IDD)		ORM 1/4/ PROVIDE	:D				LABILITY (Boxes
07:00 AM			(11)	MMDD) N/A			"	N/A	DD Form 1 747)
e. APPLICANT PLACED ON WAITING LIST f. EFFECTIVE	PLACEMENT (YYMMI	DD)	g. BED	ROOMS REQUIRED			h. DA		SIGNED (YYMMDD)
	N/A		N/	A - OET AP	PLIC	ANT		N/A	1
SECTION VI - HOUSING REFERRAL CERTIFICATE	IV/A							14/7	`
On this date I have received a listing of the houby the Installation Commander, and I will not restricted list. I have been briefed on (1) the Housing Office, (2) the DoD program on equal personnel in off-base housing, and (3) nondiscrin	ide in any proper services provide al opportunity fo	ty on the d by the r military	reason the Ho		n being	g discrimi		gainst, I w	to me or I have vill promptly notify DATE SIGNED (YYMMDD)
or mental handicaps.	ation basea of	. priyaicai							/

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, <i>Application for Assignment to Housing</i> .
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 barment 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:
 Whether the sex offender is the military member, civilian or dependent Nature and circumstances of the offense
 Exact criminal statute or law under which the person was convicted State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed8. 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
privatized housing.

Date

Signature of Applicant

FOR OTHER ELIGIBLE TENANT (OET) APPLICANTS ONLY

PRIVATIZED HOUSING (PH) BRIEFING SHEET

This checklist is prepared to ensure that you are briefed on PH policies and procedures.

Military Housing Office (MHO) Services: 8090 E. Ironwood St, (520) 228-3687 / 355CES.HMO@US.AF.MIL

- a. Referral to privatized housing/off-base housing
- b. Lease review, counseling and guidance prior to signing a lease
- c. Problem resolution with property managers/landlords
- d. Off-base information (apartments/home rentals, furnished temporary lodging)

Privatized Housing (PH): Soaring Heights Communities (SHC), 8090 E. Ironwood St, (520) 745-5024

- 1. <u>Utility Billing</u>: Specifics on utility billing will be briefed by SHC.
- 2. <u>Pets are limited to two domestic pets per household.</u> Any animal demonstrating aggressive behavior may be removed from PH. Check with SHC regarding pet polices and breed restrictions.
- 3. 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.
- 4. <u>Extended Visitors</u>: Extended visitor residing in PH must be reported and requires approval from SHC. Contact SHC for guidelines/policy. Base access will be the responsibility of the applicant/tenant.
- 5. <u>Speed Limit</u>: The entire housing area speed limit is <u>15 MPH</u>. Please be aware of all school zones and pedestrians.
- 6. All residents residing in PH are required to register privately-owned firearms at the 355 SFS armory, building 1358, using the AF Form 1314 (Firearms Registration) and DD Form 2760 (Qualifications to Possess Firearms or Ammunition). Under no circumstances will any person(s) store loaded weapons on DMAFB. Concealed carry, sale, purchase, and/or distribution of weapons is strictly prohibited on DMAFB. Any firearms to be stored within SHC must be locked & secured. For all questions contact: 355 SFS at 228-7992/7993/5878.
- 7. Renters/Tenant Insurance is <u>NOT</u> provided by SHC. Renters/Tenant insurance is now required to be obtained by the prospective applicant/tenant prior to signing a lease with SHC.

	DM AFB Military Housing Office	
Applicant's Signature	Housing Counselor	Date

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

Form Effective Date: 2 February 2024

Name:	Eligibility Date:	MHO REP:				
Pay Grade: DOD Com	ponent: Date	e Housing Needed:				
Squadron/Unit:	Government Email					
Phone Number:	Personal Email:	Personal Email:				
Duty Phone Number:	Date of Birth:	Date of Birth:				
Bedrooms Required/Eligible For: OET						
E-9 K&E:	SECTION THE SECTION					
E-9 Prestige HSG. Eligibility Date\DOR:	O-6 SO HSG ELIG. Date\DOR:					
E-9 - SNCO - Housing Eligibility Date:	O-6 - F0	GO HSG ELIG. Date:				
DEPEND	DENT INFORMATIO)N				
Marital Status:	Spouse Phone #:					
Spouse Email:	Number of depend	lents:				
OET: Yes No	Category 1 - Other Dol	O Active Duty Members/Families - VIIII				
Category 2 - National Guard and Reserv	ve Military Members/Families					
Category 3 - Federal Civil Service Empl	loyees					
Category 4 - Retired Military Members/	Medically Retired/Family Member	rs/Widows				
Category 5 - Retired Federal Civil Servi	ce Employee					
Category 6 - DoD Contractor Permanen	nt Employee	Category 7 - General Public				
		ONAL COMMENTS:				

^{*}THIS FORM IS TO BE ALTERED & ANNOTATED SOLELY BY MHO & SHC PERSONNEL*