

**APPLICATION FOR ASSIGNMENT TO HOUSING**  
(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)

OMB No. 0704-0705  
Expires 20290131

**SECTION I - APPLICANT INFORMATION**

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.  
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

**1. TYPE OF HOUSING PREFERENCE** (X as applicable) (See Instructions for definitions)

NA Community Housing  Privatized Housing  NA DoD Owned/Leased Housing

**2. APPLICANT/SPONSOR**

a. NAME (Last, First, Middle Initial) b. PAY GRADE N/A c. DoD ID d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT

**3. MARITAL STATUS** (X one)

Married  Single  Single with Dependent(s) (less than 50% time with)  Single with Dependent(s) (50% or more time with)

4a. CURRENT ADDRESS (Street, City, State/Country, ZIP Code) 4b. CONTACT EMAIL ADDRESS(ES) (Duty Preferred; Personal Optional)

**5. TELEPHONE NUMBERS** (Include Area Code) TEXT TO CELL PERMITTED? (X if yes)

a. HOME N/A b. DUTY (DSN or Commercial) N/A c. CELL PHONE

**6. STATUS OF APPLICANT** (X one)

Military Member  Military Spouse  DoD Civilian  Local / Foreign National

**7. SEPARATED FROM DEPENDENTS:** (X one)

Voluntarily  Involuntarily  N/A 8. REQUEST HOUSING FOR: (X one)

Self and Dependents  Self Only

**9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT)** (X one)

No  Yes (If Yes, be prepared to show the POA when applying for housing.)

10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM N/A 11a. INSTALLATION/ORGANIZATION TRANSFERRED TO N/A  
10b. LOSING UIC N/A 11b. GAINING UIC N/A

**SECTION II - MEMBER INFORMATION**

12. DATES (Enter dates in DDMMYYYY format)	(1) Member	(2) Dual Military Spouse	(Enter dates in DDMMYYYY format)	(1) Member	(2) Dual Military Spouse
a. Date of Rank	N/A	N/A	g. Date of Birth		N/A
b. Date Entered Active Service	N/A	N/A	h. Date of Marriage		
c. Expiration of Obligated Service (EOS)	N/A	N/A	i. Projected Rotation Date (PRD)	N/A	N/A
d. Official Departure Date from losing duty station	N/A	N/A	j. Special Housing Needs (wounded warrior, medical provider, etc.)		
e. Official Report/Arrival Date at gaining duty station	N/A	N/A			
f. Estimated Family Arrival Date	N/A	N/A			

**13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA**

I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT b. DATE (DD/MM/YYYY)

**SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT (If applicable)**

14a. NAME (Last, First, Middle Initial) N/A 14b. CONTACT EMAIL ADDRESS N/A 14c. DoD ID N/A  
14d. CELL PHONE NUMBER N/A TEXT TO CELL PERMITTED? (X if yes) N/A  
14e. INSTALLATION/ORGANIZATION N/A 14f. UIC N/A 14g. PAY GRADE N/A

**SECTION IV - DEPENDENT INFORMATION**

**15. AUTHORIZED DEPENDENTS RESIDING WITH ME** (Continue on plain paper if more space is needed.)

a. Name (Last, First, Middle Initial)	b. Date of Birth (DDMMYYYY)	c. Sex	d. Relationship	e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

SECTION V - COMMUNITY HOUSING / HOUSING DATA					
<b>16. COMMUNITY HOUSING DESIRED</b> (X as applicable)					
<input checked="" type="checkbox"/> Purchase House	<input checked="" type="checkbox"/> Rent House	<input checked="" type="checkbox"/> Short Term	Other Details: <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Purchase Condominium	<input checked="" type="checkbox"/> Rent Apartment / Condominium	<input checked="" type="checkbox"/> Other			
<b>17. MINIMUM PREFERENCES</b> (X and complete as applicable)					
a. Furnished (X one)	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X	X	X	X	
<b>18. SERVICE ANIMAL</b> (X and complete as applicable)					
a. Have? (X one)	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>19. PETS</b> (X and complete as applicable)					
a. Have Pets? (X one)	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>20. DATE HOUSING NEEDED</b> (DD/MM/YYYY)		<b>21. LOCATION PREFERENCE(S)</b>		<b>22. PRICE RANGE</b>	
		X		X	
<b>23. REMARKS</b>					
SECTION VI - HOUSING REFERRAL CERTIFICATE					
<b>24.</b> I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list. <u>As of 6 March 2026, there are no properties restricted at DMAFB at this time</u>					
(Initial the applicable box)					
<input type="checkbox"/> N/A Yes		<input type="checkbox"/> N/A No		<input checked="" type="checkbox"/> N/A	
<b>25.</b> I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.					
(Initial the applicable box)					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
SECTION VII - SIGNATURE AND DATE					
<b>26a. SIGNATURE OF APPLICANT</b>				<b>26b. DATE</b> (DDMMYYYY)	
SECTION VIII - DISPOSITION (To be completed by the Gaining Military Housing Office)					
<b>27. APPLICATION PLACEMENT</b>					
a. APPLICATION RECEIVED (DDMMYYYY)		b. APPLICANT HOUSING TYPE PLACEMENT (X one)			
		<input type="checkbox"/> Government Owned <input type="checkbox"/> Government Leased <input checked="" type="checkbox"/> Privatized <input type="checkbox"/> Community			
c. NUMBER OF BEDROOMS AUTHORIZED		d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE (DDMMYYYY) (if applicable)			
OET / NA					
e. APPLICANT PLACED ON WAITING LIST (X one)		f. WAITLIST ELIGIBILITY DATE (DDMMYYYY)		g. WAITLIST GRADE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
h. DATE UNIT ASSIGNED (DDMMYYYY)		i. ASSIGNED UNIT ADDRESS		j. NUMBER OF BEDROOMS ASSIGNED	
		X		OET / NA	
k. GAINING MILITARY HOUSING OFFICE (Signature)				l. DATE SIGNED (DDMMYYYY)	

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

**AUTHORITY:** 10 U.S.C. 133b, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.02, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.03, Deputy Under Secretary of Defense for Acquisition and Sustainment (DUSD (A&S)); DoDM 4165.63, DoD Housing Management.

**PRINCIPAL PURPOSE(S):** To apply for assignment to housing. This information may also be used to determine eligibility for housing as well as determine the priority and appropriate waiting list.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. See the applicable system of records notice for a listing of the routine uses. NM 11101-1, family and Unaccompanied Housing Program, located at: <https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/DOD-Component-Notices/DOD-Wide-Article-List/>

**DISCLOSURE:** Voluntary. However, failure to provide all information or correct information may result in our inability to assign you or your family to appropriate living quarters or provide housing services.

**INSTRUCTIONS****GENERAL INSTRUCTIONS.**

This form provides the Military Housing Offices (MHO) with information that will be used to provide the applicant with community (off-base), privatized, or DoD owned/leased housing.

**SECTION I - APPLICANT INFORMATION****1. Type of Housing Preference (definitions).**

*Community Housing* – Private-sector or off-base housing located within a defined market area. This does not include privatized housing units owned by privatized housing Providers on Military installations.

*Privatized Housing* – Family or unaccompanied housing acquired or constructed by a DoD privatized Housing Provider. This housing may be located on government owned land, or near military installations within the United States and its territories.

*DoD Owned/Leased Housing* – Family and unaccompanied housing that the DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as "Government-controlled housing". It does not include privatized housing.

**2. Applicant.**

- a. Enter applicant's legal name.
- b. Enter applicant's pay grade.
- c. Enter applicant's DoD ID # (located on your CAC).
- d. Enter DoD Component/Military Service Department.

3. – 8. Self-explanatory.

**9. Power of Attorney (POA):** To apply for housing in the service member's absence, a specific POA is required. The service member can obtain this legal document for the spouse from the installation's Legal Assistance Office. This POA authorizes the spouse to sign lease agreements and manage all related finances on the service member's behalf. The original POA document must be presented at the housing appointment.

10-11. Self-explanatory.

**SECTION II – MEMBER INFORMATION.**

12-13. Self-explanatory.

**SECTION III – MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT**

14. Self-explanatory.

**SECTION IV – DEPENDENT INFORMATION**

15. a-e. Self-explanatory.

**SECTION V – COMMUNITY HOUSING / HOUSING DATA**

16-23. Self-explanatory.

**SECTION VI – HOUSING REFERRAL CERTIFICATE**

24-25. Self-explanatory.

**SECTION VII – SIGNATURE AND DATE**

26. Self-explanatory.

**SECTION VIII – DISPOSITION**

27. Self-explanatory.

**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*

- 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).**
- 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.
- 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.**
- 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.
- 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.
- Utility Billing:** Specifics on utility billing will be briefed by SHC.
- 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.
- 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.
- Pets: Pets are limited to 2 domestic pets per household.** Please check with SHC regarding all current pet policies and breed restrictions before applying. Additionally, per lease agreement with SHC, any animal demonstrating aggressive behavior may be removed from PH.
- 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.
- Entitlement Change:** Any entitlement change (promotion/demotion or change in number of dependents) must be reported to SHC as soon as possible.
- Firearm Registration:** All residents residing in PH are required to register Privately-Owned Firearms, (POFs) 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.** POFs stored outside the SF Armory on the installation will be secured with a gun lock, or in a locked container, and concealed from public view. For all questions 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: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>
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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: Married	Single
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OET: Yes  No  Ca

Category 2 - National Guard and Reserve Military Members/Families

Category 3 - Federal Civil Service Employees

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

### DEPENDENT INFORMATION & ADDITIONAL COMMENTS:

M F