

APPLICATION FOR ASSIGNMENT TO HOUSING (Please read Privacy Act Statement and Instructions on Page 3 before completing form.)	OMB No. 0704-0705 Expires 20290131
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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. 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)

Community Housing
 Privatized Housing
 DoD Owned/Leased Housing

2. APPLICANT/SPONSOR

a. NAME (Last, First, Middle Initial)	b. PAY GRADE	c. DoD ID	d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT
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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)
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5. TELEPHONE NUMBERS (Include Area Code) **TEXT TO CELL PERMITTED?** (X if yes)

a. HOME	b. DUTY (DSN or Commercial)	c. CELL PHONE
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6. STATUS OF APPLICANT (X one)

Military Member
 Military Spouse
 DoD Civilian
 Local / Foreign National

7. SEPARATED FROM DEPENDENTS: (X one) <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily <input type="checkbox"/> N/A	8. REQUEST HOUSING FOR: (X one) <input type="checkbox"/> Self and Dependents <input type="checkbox"/> Self Only
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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	11a. INSTALLATION/ORGANIZATION TRANSFERRED TO
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10b. LOSING UIC	11b. GAINING UIC
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SECTION II - MEMBER INFORMATION

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

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

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

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 (DD-MMM-YYYY)	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		

SECTION V - COMMUNITY HOUSING / HOUSING DATA

16. COMMUNITY HOUSING DESIRED (*X as applicable*)

<input type="checkbox"/> NA Purchase House	<input type="checkbox"/> NA Rent House	<input type="checkbox"/> NA Short Term	Other Details:	
<input type="checkbox"/> NA Purchase Condominium	<input type="checkbox"/> NA Rent Apartment / Condominium	<input type="checkbox"/> NA Other		

17. MINIMUM PREFERENCES (*X and complete as applicable*)

a. Furnished (<i>X one</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Number of Bedrooms NA	c. Number of Full Baths NA	d. Number of Half Baths NA	d. Other
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18. SERVICE ANIMAL (*X and complete as applicable*)

a. Have? (<i>X one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
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19. PETS (*X and complete as applicable*)

a. Have Pets? (<i>X one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Number of Pets NA	c. Type(s) of Pet(s) (List details on page 3)	d. If Dog, Breed(s) and Weight(s) NA
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20. DATE HOUSING NEEDED (DD-MMM-YYYY) **21. LOCATION PREFERENCE(S)** **22. PRICE RANGE**
Price is based on your BAH rate

23. REMARKS

SECTION VI - HOUSING REFERRAL CERTIFICATE

24. 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.

(Initial the applicable box)
"NA" Luke AFB

Yes No N/A

25. 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)
Briefing is located on page 9

Yes No

SECTION VII - SIGNATURE AND DATE

26a. SIGNATURE OF APPLICANT **26b. DATE** (DD-MMM-YYYY)

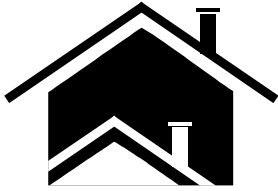
SECTION VIII - DISPOSITION (*To be completed by the Gaining Military Housing Office*)

27. APPLICATION PLACEMENT

a. APPLICATION RECEIVED (DD-MMM-YYYY)	b. APPLICANT HOUSING TYPE PLACEMENT (<i>X one</i>) <input type="checkbox"/> Government Owned <input type="checkbox"/> Government Leased <input type="checkbox"/> Privatized <input type="checkbox"/> Community		
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE (DD-MMM-YYYY) (<i>if applicable</i>)		
e. APPLICANT PLACED ON WAITING LIST (<i>X one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	f. WAITLIST ELIGIBILITY DATE (DDMMYYYY)	g. WAITLIST GRADE CATEGORY	
h. DATE UNIT ASSIGNED (DDMMYYYY)	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE (<i>Signature</i>)			l. DATE SIGNED (DD-MMM-YYYY)

BBC 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: <i>(If different)</i>			Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>	
Previous Address: <i>(If different)</i>			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:		Relationship:		Phone:		Email:
THE UNDERSIGNED AGREES THAT ALL INFORMATION PROVIDED IS ACCURATE						
Signature:				Date(DD-MMM-YYYY):		
Co-applicant Signature:				Date:		
MHO Notes to BBC:						



Housing Referral Office Customer Briefing

This checklist is prepared to ensure that you are briefed on housing policies, entitlements, and procedures prior to your assignment to on-base privatized housing (Luke AFB Family Housing). It is by no means inclusive.

ELIGIBILITY - You **will not** normally be authorized to apply for privatized housing or be assigned privatized housing if you have been notified of (a known date) impending permanent change of station (PCS) and will have less than one year remaining on station, retirement, administrative separation, etc., except for reasons of military necessity or to relieve a hardship.

WAIT LIST – Member **not** occupying privatized housing is assigned a unit when name reaches the top of the waiting list.

Unaccompanied Dependents Restricted Tour Priority Placement. PCS from a UDR tour normally gets priority placement on waiting list. Member **must** provide copy of PCS orders to UDR tour. Members transferring from UDR tours who are eligible for housing will receive priority placement on the gaining installation's waiting list (includes members of other services). Members will be added to the appropriate waiting list the first day of the scheduled arrival month without bypassing members within the freeze zone if they apply within 30 days after their arrival. A member is not eligible for priority placement if dependents acquired in the UDR tour area. Member not eligible for this priority placement if dependents travel with or join the member in UDR at government expense.

Turn-Down Options. A turn-down option is available for all applicants except designated key and essential positions, and hardship approvals. When offered a unit, you will have **1 duty day** to accept or decline. If declined, you will be charged a turn-down. If you turn down a second unit, your name will be moved to the bottom of the waiting list with a new effective date. **There is no guarantee that the offered unit will be available for inside viewing.** A floor plan will be furnished and you may drive by.

BEDROOM ENTITLEMENTS - Are determined by the actual number of dependents residing in the household (one bedroom per child). Personnel who will **gain entitlement** within 12 months (resulting from increase in number of dependents, maturation of children, or selection for promotion) may apply for and be placed on the appropriate waiting list. **Documentation must be provided.**

RENT - As when living in the local community, you will receive your Basic Allowance for Housing (BAH) and sign a tenant lease agreement, typically for a one-year term. Rent is paid in arrears and is due on the first day of the each month for the immediately preceding month. The first month's rent is pro-rated from your lease start date. Payment of rent is via an allotment that is paid directly to the privatized owner. If your move occurs prior to the allotment start date, then you will need to pay the prorated rent directly to the privatized owner.

NOTICE TO VACATE – Leases must provide a full 30-day notification-to-vacate in writing. A termination fee will be imposed if the vacancy date is earlier than the current lease expiration date. Only in the event of the Service Member's Civil Relief Act can the lease be broke without a break lease fee.

Servicemember's Civil Relief Act (SCRA) – *The Act allows termination of leases by active duty service members who subsequently receive orders for a permanent change of station (PCS) or a deployment for a period of 90 days or more. If you have PCS orders or are Deploying for a period of 90 days or more, you need to give written notice to your landlord with a copy of your orders. If your orders are not available, inform the landlord of that in the "Notice to Vacate" letter and provide a copy as soon as possible. If orders are delayed, a "Letter In Lieu of Orders" can be accomplished by command. Additionally, you must give at least 30-days' notice but the 30-days does not start to toll until the first of the next month. Therefore, if you give 30-days' notice on the 15th of August, you will be obligated to pay all of September's rent.*

STORAGE - Requests for storage of excess furniture (due to insufficient space) **must be made within 30 days of assignment to unit.** **NOTE: Household goods must be removed from storage when you terminate privatized housing.** A form will be provided by the Housing Referral Office. **Items that are prohibited from government shipment (such as perishables, agricultural products, flammable items, vehicles) may not be stored at government expense.** Contact Transportation Management Office with questions concerning this authorization.

PETS – Residents of privatized housing **may not** maintain more than two animals total (dogs and/or cats) and they must be registered with the base veterinarian. Operating a commercial kennel is prohibited. Residents may not board dogs of any breed (including a mixed breed) that are deemed “aggressive or potentially aggressive,” unless the dog is a certified military working dog that is being boarded by its handler/trainer or approval is obtained by the Installation Commander in writing. For purposes of this policy, aggressive or potentially aggressive breeds of dogs are defined as a Pit Bull (American Staffordshire Bull Terrier or English Staffordshire Bull Terrier), Rottweiler, Doberman Pincher, Chow and wolf hybrids. Prohibition also extends to other breeds of dogs or individual dogs that demonstrate or are known to demonstrate a propensity for dominant or aggressive behavior as indicated by any of the following type of behaviors: (1) Unprovoked barking, growling or snarling at people approaching the animal; (2) Aggressively running along a fence line when people are present; (3) Biting or scratching people; and (4) Escaping confinement or restriction to chase people.

- a. Residents may not board exotic animals such as, but not limited to, reptiles, rodents (other than hamsters and guinea pigs), ferrets, hedgehogs, skunks, rats, raccoons, squirrels, potbellied pigs, monkeys, arachnids, or any farm animal.
- b. Pets must be secured with leashes or under positive control while outdoors, except in fenced patios and yards. Pets must not be left tied or unattended in exterior appurtenances or unfenced yards or allowed to run loose outside fenced yard. (Para b is AF policy, yet LR privatized housing lease doesn't allow “positive control”.)
- c. Pet owners must maintain current immunization on all pets. All pets must be registered at the base veterinarian facility within five working days of occupying a house or acquiring a pet. Dogs and cats are required to wear a collar or harness with current rabies and distemper vaccination attached.
- d. Pet areas must be cleaned regularly to control and prevent vermin infestation. Pet feces must be picked up daily or immediately if the pet evacuates outside the patio or yard.
- e. Residents are not required to pay a pet fee.
- f. Animals trained for use by individuals with disabilities (Service Animals) are not considered pets. Service Animals will not be required to pay the pet fee. Service Members must register their service dogs with the installation veterinary service and ensure that proper service dog identification is clearly displayed. Service Members and service dog providers may be responsible for any damages and injuries a service dog may cause.

FOSTER CHILDREN, FOREIGN EXCHANGE STUDENTS AND CHILDREN OUT OF

DEPENDENCY STATUS – Anyone other than a dependent such as foreign exchange students, foster children, etc., **are not** normally considered for bedroom requirements. **Any exceptions must be requested in writing to the Air Force Housing Manager through the member's squadron commander.**

SOCIAL VISITS – Privatized housing units are appropriated for use as single-family dwellings therefore, occupancy by more than one family **is not** authorized. Bona fide social visits, by guests of the person to whom the unit is assigned, are authorized for 30 days or less.

FIREARMS – All privately owned firearms stored in base housing are REQUIRED to be registered with the 56 Security Forces within 24 hours of occupancy. Residents must complete all required forms and take them to the armory to complete the registration process. Forms are available at the housing office or can be downloaded. Armory Location: Bldg. 179 Contact number: (623) 856-3743

MEMBER'S PERSONAL INFORMATION – It is the applicant's responsibility to provide current duty/personal phone numbers and duty/personal e-mail addresses at all times. Also any situation which may affect your housing entitlements should be brought to the attention of the privatized housing owner immediately.

RENTERS INSURANCE – Landlord shall maintain insurance that covers the Premises and contents provided by Landlord, but shall be under no obligation to provide renter's insurance for Resident. Resident acknowledges that Landlord has no liability for any loss or damage to Resident's personal property or Premises improvements not caused by Landlord. Resident further acknowledges that Resident is responsible, at its sole expense, for obtaining and maintaining insurance to cover losses or damage to Resident's personal property and physical injury caused by or to Resident, Resident's family member(s), occupant, guests, visitors or invitees.

MAINTENANCE/REPAIR OF UNIT – It is the lessee's responsibility to call in maintenance issues to 623-935-2676 as soon as the problem is evident. Failure to call could result in member's liability for damages.

GRIEVANCE POLICY – As with any rental community or homeowners' association, your primary contact is the on-site privatized housing owner. The Luke AFB Housing Referral Office is your advocate and is in constant contact with the property manager to assist when necessary. If you feel that your issue has not been adequately resolved by the on-site privatized housing owner, you may request a meeting with the on-site privatized housing owner and the Luke AFB Housing Manager in order to personally present your request or concern.

I acknowledge I have been briefed on all items listed and my questions concerning on-base privatized housing have been answered to my satisfaction. I have been provided with a copy of this checklist and in the event of questions can call 623-856-7643. I agree to allow the Housing Referral Office to share my Personally Identifiable Information (PII) with the on-site privatized housing owner.

Signature of Service Member

Printed Name

Signature of Housing Referral Representative

Date of Receipt and/or Briefing

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 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:

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

This checklist when populated contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

MHO Move-In Checklist (Military Personnel)

LUKE AFB

Resident Name: _____

MHO Employee Completing this form: _____

MHO Pre Move-In Briefing

(Click the underlined text to review information and initial to left)

- _____ Introduce MHO team, responsibilities/services and contact information
- _____ Resident Advocate role and contact information
- _____ Legal Assistance Office role and contact information
- _____ Medical concerns and contact information
- _____ Provide Tenant Bill of Rights (PAG) & (MHPI)
- _____ Review Tenant Responsibilities (including how to report complaints, including health hazards)
- _____ Provide Dispute Resolution Trifold and location of PO dispute process website/document
- _____ Confirm current status and explain Utility Allowance Program (if applicable)
- _____ Review procedures for submitting work orders
- _____ Review Universal Lease Terms (Confirm Tenant read Universal Lease and associated addenda)
- _____ Review information regarding additional fees
- _____ Advise to obtain Renters Insurance
- _____ Pets
- _____ Provide a copy of the EPA Guidance on reducing exposure to lead
- _____ Provide a copy of the EPA Guidance on Mold in the home & CC's Guide to Mold in PH
- _____ Brief residents on the risks of window falls and of window fall prevention measures
- _____ Resident should attend move-in inspection or provide written notice of concerns within 5 days of the earlier of occupancy of the home or commencement of the lease MHO, if available, may attend move-in inspection if requested by tenant

Resident Advocate Contact:

Name: Jason Ford

Phone: (623)856-2199

Email: Jason.ford.13@us.af.mil

Installation Legal Services Contact:

Name: 56FW Legal Office

Phone: (623)856-6901

Email: 56fw.ja@us.af.mil

I confirm that I have been briefed on the above information and I understand my rights, responsibilities, and the resources available to me during my tenancy in privatized housing. A completed copy of this form was made available to me.

(Signature/Date) or electronic acknowledgment can be attached

Feedback provided by Resident: _____

----- STOP HERE -----

----- Military Housing Office Use Only -----

MHO REFERRAL MEMO					
DATE:			MHO Specialist:		
APPLICANT'S INFORMATION					
NAME			PAY GRADE		
BRANCH			DUTY STATION		
EMAIL			SQUADRON		
PHONE			ELIGIBILITY DATE		
MILITARY SPOUSE'S INFORMATION					
NAME			DUTY STATION		
EMAIL			RANK		
PHONE					
DEPENDENT INFORMATION		RELATIONSHIP	SUPPORTING DOCUMENTS		
			Orders	DEERS	Marriage/Birth Certificate
			Orders	DEERS	Birth Certificate
			Orders	DEERS	Birth Certificate
			Orders	DEERS	Birth Certificate
			Orders	DEERS	Birth Certificate
			Orders	DEERS	Birth Certificate
			Orders	DEERS	Birth Certificate
LOCAL MOVE / NON-TEMPORARY STORAGE ELIGIBILITY					
AUTHORIZED PAID HHG MOVE	YES	NO	PRIOR RESIDENT AT LUKE	YES	NO
NON-TEMP STORAGE	YES	NO	HARDSHIP	YES	NO
CURRENT ADDRESS					
REFERRAL REMARKS					
BEDROOMS AUTHORIZED:					
OET?	YES	NO			
PRIORITY:					
NEED FOR HOUSING DATE:					
MHO NOTES:					

MHO Specialist Signature _____

(Sign)