



Welcome to Harbor Bay at MacDill!

Thank you for your interest in our on base family housing community. To apply for one of our homes, please complete and return **ALL** of the following documents by fax 813-828-2561 or email MacDill.Housing@us.af.mil:

- MacDill Privatized Housing Referral (attached). Please fill out the top half only.
- Application for Assignment to Housing form DD1746 (attached).
- Military Orders to MacDill AFB or its partners. If you are returning from a remote tour, please also include your completed travel vouchers for possible remote credit.
- Proof of Dependents: DEERS enrollment form DD1172 or if USN “page 2”. This is only required if dependents are not listed by name and birth date on Military Orders.
- Government Paid Moves and Non-Temp Storage Briefing (attached).
- AF Form 4422, Sex Offender Disclosure and Acknowledgement (attached).

If a home is immediately available, you will be contacted upon receipt of your **complete** application package. Otherwise, you will be placed on the appropriate waiting list. After your package has been reviewed and entered, you may check your position on our website, www.macdillfamilyhousing.com, under the “Incoming Residents” tab. If you would like to provide additional contact means, such as your spouse’s cell number or email address, feel free to add it to the remarks section of the DD1746 (application).

I understand that it is my responsibility to ensure that Harbor Bay has my current contact information. I also understand that when I am eligible for an offer I will have 24 hours to respond to Harbor Bay’s attempts to contact, and if I do not respond within 24 hours the home will be offered to the next family on the list.

Signature

Date

It’s another beautiful day in Harbor Bay... We’re glad you’re here!

~ Harbor Bay at MacDill Management

Harbor Bay at MacDill
Management / Rental Office:
813.840.2600 • Fax: 813.840.8135
8414 Fortress Drive, Tampa, FL 33621
www.macdillfamilyhousing.com

MacDill Privatized Housing Referral

Authorization Number: _____

LAST NAME: _____ FIRST NAME: _____ M/I: _____

PAY GRADE: _____

Branch of Service: (circle) USAF USA USN USMC USCG RESERVE GUARD

Unit: _____ Phone: _____ Duty: _____ Home: _____ Cell: _____

Proof of Dependents: PCS Orders (if dependents are listed by name) or DEERS (DD1172)

To obtain DD1172s log on to the site below with your CAC:

https://dmdc.osd.mil/self_service/rapids/unauthenticated?execution=e1s1

Personal E-Mail: _____ Duty E-Mail: _____

STATUS: () Married, accompanied by family/or arrival date: _____

() Mil-to-Mil: Joint Spouse Assigned

() Single parent with custody of dependent child (documentation req'd)

() Local economy lease; lease expiration date: _____

() Arrival date: _____

() Remote credit _____

I approve release by the 6 CES/CEH Housing Management Office, of all personal data to Harbor Bay Privatized Housing.

Members Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE!

CATEGORY:

ENLISTED: JNCO () SNCO () E9 Pres ()

OFFICER: CGO () FGO () SO () GO ()

BEDROOM ENTITLEMENT: 2 BDRM () 3 BDRM () 4 BDRM ()

KEY & ESSENTIAL: Yes () No () Position: _____

TARGET TENANT: Yes () No () (Category if No: _____)

1. Briefed on Local Funded Move (if applicable) Yes () No ()

2. Briefed resident on Non-Temp Storage Rules: Yes () No ()

REFERRED DATE: _____ **ELIGIBLE FOR PH:** Yes () No ()

HMO Signature: _____

This information is to be protected in accordance with AF33-332, Air Force Privacy Act Program

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED (X one or both)	
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING REFERRAL		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <small>(Last, First, Middle Initial)</small>		3. PAY GRADE	4. SSN		5. DOD COMPONENT
6. ADDRESS <small>(Street, City, State, Zip Code)</small>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT (X one)	
		a. HOME <small>(Area Code)</small>	b. DUTY <small>(DSN)</small>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		<input type="checkbox"/> b. MILITARY SPOUSE	<input type="checkbox"/> d. FOREIGN NATIONAL		
9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS (X one)			
		<input type="checkbox"/> a. VOLUNTARILY		<input type="checkbox"/> b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR (X one)		SECTION II - MILITARY CAREER INFORMATION (Civilians skip to Item 15.)			
<input type="checkbox"/> a. SELF ONLY	<input type="checkbox"/> b. SELF AND DEPENDENTS	14. DATES <small>(Enter in YYMMDD order)</small>		<input type="checkbox"/> MILITARY APPLICANT	<input type="checkbox"/> MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		c. TIME REMAINING ON ACTIVE DUTY			
		d. EFFECTIVE CHANGE IN DUTY STATION			
		e. REPORT DATE			
		f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <small>(If more space is needed, continue on plain paper.)</small>					
a. NAME <small>(Last, First, Middle Initial)</small>		b. DATE OF BIRTH <small>(YYMMDD)</small>	c. SEX	d. RELATIONSHIP	e. REMARKS <small>(Handicap, health problems, expected additions to family, etc.)</small>
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED (X as applicable)					
<input type="checkbox"/> a. PURCHASE HOUSE		<input type="checkbox"/> d. RENT HOUSE		<input type="checkbox"/> g. RENT MOBILE HOME SPACE	<input type="checkbox"/> j. ROOM AND BOARD
<input type="checkbox"/> b. PURCHASE CONDOMINIUM		<input type="checkbox"/> e. RENT APARTMENT		<input type="checkbox"/> h. SHARE	<input type="checkbox"/> k. SUBLET
<input type="checkbox"/> c. PURCHASE MOBILE HOME		<input type="checkbox"/> f. RENT MOBILE HOME		<input type="checkbox"/> i. RENT ROOM	<input type="checkbox"/> l. TRANSIENT
17. AMENITIES DESIRED (X as applicable. Write number in d. and e.)		18. DATE HOUSING NEEDED (YYMMDD)		19. PRICE RANGE (Community Housing)	
<input type="checkbox"/> a. FURNISHED	<input type="checkbox"/> e. NO. BATHS				
<input type="checkbox"/> b. UNFURNISHED	<input type="checkbox"/> f. PETS <small>(Allowed)</small>				
<input type="checkbox"/> c. AIR CONDITIONING	<input type="checkbox"/> g. OTHER <small>(Explain)</small>	20. LOCATION PREFERENCE (Community Housing)			
<input type="checkbox"/> d. NO. BEDROOMS					
21. REMARKS					
Duty Email Address: _____					
Personal Email Address: _____					
Military Member's Date of Birth: _____					
How did you hear about Harbor Bay at MacDill? <input type="checkbox"/> Government Housing Office <input type="checkbox"/> Harbor Bay Website <input type="checkbox"/> Resident Referral <input type="checkbox"/> Other Website: please list _____					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED (YYMMDD)	
SECTION V - DISPOSITION (To be completed by the Housing Office.)					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <small>(YYMMDD and time)</small>	b. APPLICATION EFFECTIVE <small>(YYMMDD)</small>	c. DD FORM 1747 PROVIDED <small>(YYMMDD)</small>	d. HOUSING AVAILABILITY <small>(Boxes indicated on DD Form 1747)</small>		
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <small>(YYMMDD)</small>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <small>(YYMMDD)</small>		
SECTION VI - HOUSING REFERRAL CERTIFICATE					
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED (YYMMDD)

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
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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