

# Welcome to Malmstrom AFB

On behalf of our Military Housing Office (MHO) team, we welcome you to “Big Sky Country” and extend our congratulations on your assignment to Montana.

Before arriving, please check out our website <https://www.malmstrom.af.mil/Resources> to find information about on-base privatized housing, downtown rentals, local area info and much more. You could also stop by the Military Housing Office when you arrive at Malmstrom. The Military Housing Office (Bldg 130) is located at 6945 Goddard Drive, which is the first building on the left as you enter Malmstrom AFB via the 2nd Ave North gate (across from the 819 RED HORSE Squadron).



Duty hours: 0800-1700 - Monday through Friday (closed on federal holidays)  
Phone: (406) 731-3056/2272/4625 or DSN: 632-3056/2272/4625

If you wish to submit your application for on-base housing and have orders, complete the attached Housing Application forms, then return to us via email: [341ces.housing@us.af.mil](mailto:341ces.housing@us.af.mil). Upon receipt, we will verify all documents and information before referring your application to Malmstrom AFB Homes.

Malmstrom homes were built between 1999 and 2012 and are divided into 6 neighborhoods with most of the units being duplexes. All homes come equipped with stoves, refrigerators, dishwashers, hookups for washer and electric or gas dryer, air conditioning, and a storage area. Malmstrom AFB Homes, our privatized partner owns and operates all homes at Malmstrom. Co-located with the MHO in building 130 MAFB Homes hours of operation:

Lobby hours: 0800-1700 - Monday, Tuesday, Thursday & Friday (closed on official holidays)  
0800-1800 - Wednesday  
Phone: (406) 315-2262 Email: [malmstromafbhomes.com](mailto:malmstromafbhomes.com)

## NEIGHBORHOODS

- Atlas Village:** E-1 thru E-6  
2-bedroom 4/6 multiplexes units  
E-9  
3 & 4 bedroom units
- Peacekeeper Park:** E-4 thru E-7  
O-1 thru O-5  
2, 3 & 4 bedroom units
- Minuteman Village:** E-4 thru E-7  
2, 3 & 4 bedroom units
- Matador Manor:** E-4 thru E-6  
3 & 4 bedroom units
- Jupiter Village:** E-4 thru E-6  
2 & 4 bedroom units
- Titan Village:** JNCO and Officer 2  
3 & 4 bedroom units

We look forward to meeting you and your family! We hope you have a safe and smooth transition to Montana. If we can provide you with any further information, please don't hesitate to contact us.

Sincerely,  
*The Military Housing Office Staff*

# MILITARY HOUSING REFERRAL ELIGIBILITY

**\*\*NOTE: If married Mil-to-Mil - ranking member's info is required on the top of all forms**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Gov't Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**\* PLEASE CHECK ALL THAT APPLY:**

- PCS'ing to Malmstrom - what is your final out-processing date (at MPF at losing base): \_\_\_\_\_
- Already stationed at Malmstrom - what was your arrival date: \_\_\_\_\_
- Key & Essential position → list squadron (or gp) & office symbol (CC/CCF/CCC, Gp Chief, etc): \_\_\_\_\_
- Returning from Remote/Dependent Restricted assignment (**MUST attach orders sending you to remote or unaccompanied location**). Date left your previous base to go to the remote location: \_\_\_\_\_
- Married mil-to-mil - we will need orders from BOTH members
- Pending Marriage date: \_\_\_\_\_ **OR**  Expectant Mother due date: \_\_\_\_\_
- Lease/Rent on the local economy; lease/rent expiration date: \_\_\_\_\_
- A member of your family is on the Exceptional Family Member Program (EFMP). If that member requires any special accommodations, please specify: \_\_\_\_\_

1. Have you **previously** lived in Malmstrom AFB Government/Privatized housing (including Dorms)? Yes  No   
If currently living in the dorms (mil to mil fill in both): Bldg \_\_\_\_ Rm \_\_\_\_, Bldg \_\_\_\_ Rm \_\_\_\_

Renters Insurance is required for on base housing, per lease. It is recommended you speak to your insurance agent to obtain renters insurance for off-base housing. **Initials:** \_\_\_\_\_

2. **Air Force Pet Policy** (per AFI32-6000, para 2.21.1.) specifies that "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 with written approval of the Defense Force Commander 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: **Pit Bull (American Staffordshire Bull Terrier or English Staffordshire Bull Terrier), Rottweiler, Doberman pinscher, 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, to include having the following type of behaviors: unprovoked barking, growling or snarling at people approaching the animal or aggressively running along a fence line when people are present or biting or scratching people or escaping confinement or restriction to chase people. There is a **limit of 2 pets** per household. Privatized universal lease states **Masiff and Alaskan Malamutes** as additional prohibited breeds. **Acknowledgement: I have read and understand the policies regarding pets in privatized housing.** **Initials:** \_\_\_\_\_

4. **For Eligible Reimbursable moves** into base housing, report to the Housing Office (Bldg 130) to receive a Moving Authorization **immediately** upon receiving housing offer and **PRIOR** to making any arrangements for the move. **I have read and understand the statement above regarding moving authorizations:** **Initials:** \_\_\_\_\_

**Certification of Applicant:** I hereby certify that my responses contained herein are true and correct. I understand that the omission of any material fact may result in denial of my application for housing, or possible removal from housing if the omission is discovered after assignment. *By signing below, I elect to be referred to Privatized Housing and give my consent for my information (including PII) to be released to the Privatized Owner (MAFB Homes)*

ALL signatures (ALL forms) must be digitally signed using CAC with certificates showing, or with an ink pen!

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**THIS BOX FOR HOUSING OFFICE USE ONLY**

MHO Initials & Date: \_\_\_\_\_

DD1746  Orders  AF4422  Marriage Certificate

Notes: \_\_\_\_\_

MAFB HOMES: Waitlist Priority: \_\_\_\_\_ OET Cat: \_\_\_\_\_ Eligibility Date for Applicant: \_\_\_\_\_

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

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				<b>1. TYPE SERVICE DESIRED</b> <i>(X one or both)</i>	
				<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING REFERRAL
<b>SECTION I - APPLICANT INFORMATION</b>					
<b>2. NAME OF SPONSOR</b> <i>(Last, First, Middle Initial)</i>		<b>3. PAY GRADE</b>	<b>4. SSN</b>		<b>5. DOD COMPONENT</b> USAF
<b>6. ADDRESS</b> <i>(Street, City, State, Zip Code)</i>		<b>7. TELEPHONE NUMBER</b>		<b>8. STATUS OF APPLICANT</b> <i>(X one)</i>	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		<b>9. MARITAL STATUS</b>	<b>10. I AM SEPARATED FROM MY DEPENDENTS</b> <i>(X one)</i>		
NOTE: See Block 21 notes to fill in Block 14 dates				<input type="checkbox"/> a. VOLUNTARILY	<input type="checkbox"/> b. INVOLUNTARILY
<b>11. I REQUEST HOUSING FOR</b> <i>(X one)</i>			<b>SECTION II - MILITARY CAREER INFORMATION</b> <i>(Civilians skip to Item 15.)</i>		
<input type="checkbox"/> a. SELF ONLY	<input type="checkbox"/> b. SELF AND DEPENDENTS		<b>14. DATES</b> <i>(Enter in YYMMDD order)</i>		<input type="checkbox"/> MILITARY APPLICANT
<b>12. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>			a. EFFECTIVE RANK/RATE DATE		
			b. ACTIVE DUTY SERVICE COMPUTATION		
			c. TIME REMAINING ON ACTIVE DUTY		
<b>13. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>			d. EFFECTIVE CHANGE IN DUTY STATION		
			e. REPORT DATE		
			f. ESTIMATED FAMILY ARRIVAL DATE		
<b>SECTION III - DEPENDENT DATA</b>					
<b>15. DEPENDENTS RESIDING WITH ME</b> <i>(If more space is needed, continue on plain paper.)</i>					
a. NAME <i>(Last, First, Middle Initial)</i>		b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>
<b>SECTION IV - HOUSING DATA - THIS SECTION IS N/A FOR MALMSTROM</b>					
<b>16. COMMUNITY HOUSING DESIRED</b> <i>(X as applicable)</i>					
<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
<b>17. AMENITIES DESIRED</b> <i>(X as applicable. Write number in d. and e.)</i>			<b>18. DATE HOUSING NEEDED</b> <i>(YYMMDD)</i>		<b>19. PRICE RANGE</b> <i>(Community Housing)</i>
<input type="checkbox"/> a. FURNISHED	<input type="checkbox"/> e. NO. BATHS				
<input type="checkbox"/> b. UNFURNISHED	<input type="checkbox"/> f. PETS <i>(Allowed)</i>				
<input type="checkbox"/> c. AIR CONDITIONING	<input type="checkbox"/> g. OTHER <i>(Explain)</i>				
<input type="checkbox"/> d. NO. BEDROOMS					
<b>20. LOCATION PREFERENCE</b> <i>(Community Housing)</i>					
<b>21. REMARKS</b>					
**PLEASE NOTE: Block 14a - Date you put on your current rank Block 14b - Date you entered the military Block 14c - When your current enlistment ends Block 14d - Your final outprocessing date from MPF at your losing base Block 14e - From Block 5 on your orders (AF Form 899) - Report No Later Than Date Block 14f - When you expect to arrive at Malmstrom AFB					
<b>22. SIGNATURE OF APPLICANT</b>					<b>23. DATE SUBMITTED</b> <i>(YYMMDD)</i>
<b>SECTION V - DISPOSITION</b> <i>(To be completed by the Housing Office.)</i>					
<b>24. MILITARY HOUSING</b>					
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>		b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>	
e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>	
<b>SECTION VI - HOUSING REFERRAL CERTIFICATE</b>					
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.		
			<b>25. SIGNATURE OF APPLICANT</b>		<b>26. DATE SIGNED</b> <i>(YYMMDD)</i>

# 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:				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"/>
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:	
Co-applicant Signature:					Date:	

**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

# SUPPORTING DOCUMENTS CHECK SHEET

**(Please read everything carefully - missing documents will delay processing)**

## **REQUIRED DOCUMENTS** - Items 1-6 must be received before being placed on housing list:

- \_\_\_ 1. Orders - "certified" copy (front **AND** back) of your orders to Malmstrom (with dependents listed) **and** any amendments ~ *if mil-to-mil - we will need a copy each member's orders*
- \_\_\_ 2. Military Housing Referral Eligibility form - completed/signed (**w/pen or digital w/certs**)
- \_\_\_ 3. Active Duty Service Member Application for Housing form - completed/signed (**w/pen or digital w/certs**) ~ *if mil-to-mil both members need to sign*
- \_\_\_ 4. DD Form 1746, *Application for Assignment to Housing*, blocks 2-15 & 21-23 completed/signed (**w/pen or digital w/certs**) ~ blocks 1, 16, 17, 25, 26 do NOT need to be filled in
- \_\_\_ 5. AF Form 4422, *Sexual Offender Disclosure and Acknowledgement*, signed (**w/pen or digital w/certs**) for all military members ~ *if mil-to-mil both members need to sign*
- \_\_\_ 6. If you are on a remote assignment and coming to Malmstrom ~ we will need a "Certified" copy of "Unaccompanied/Dependents Restricted Remote Assignment" orders sending you to the remote location **as well as** your orders to Malmstrom

## **OTHER DOCUMENTS** - that might need to be included:

- 7. Marriage certificate (if your spouse is **not** on your orders **OR** if you are Mil-to-Mil and joint spouse assignment is not indicated on orders)
- 8. Proof of Pregnancy (with expected due date) signed by your Doctor or OB/GYN

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Please return the completed packet and supporting documents (listed above) to the Military Housing Office (MHO), Bldg 130, Room 4, during duty hours or email:

Monday – Friday: 0800 – 1700

DSN – 632-3056 or 632-2272

Comm – 406-731-3056 or 406-731-2272 or

Email: [341ces.housing@us.af.mil](mailto:341ces.housing@us.af.mil)