Request to Retain Family Housing House Number:

SPONSOR NAME (LAST, FIRST MI)	GRADE	DATE ARRIVED	DEROS	DSN	EMAIL
Smith, John M.	E1			226-0000	john.smith@us.af.mil

DEPENDENT INFORMATION

DEPENDENT #	GENDER	AGE	DOB	DEPENDENT #	GENDER	AGE	DOB
1	M/F	21		6			
2				7			
3				8			
4				9			
5				10			

HOUSING ENTITLEMENT BY GRADE AND DEPENDENTS (REFERENCE AFI 32-6000)

FAMILY HOUSING CATEGORY (Table A2.2)	CURRENT BEDROOM CATEGORY	REQUESTED BEDROOM CATEGORY
Junior Enlisted/NCO	N/A	Off-Base Housing

EXCEPTION TO POLICY JUSTIFICATION

1. PURPOSE: To obtain 35 CES/CC approval of an exception to the policy request for [Rank First Last], who is assigned to 35 XXX/XXX, to move to another MFH unit

2. BLUF: (Bottom Line Up Front) One line description of what you are asking for.

3. BACKGROUND: Information regarding your situation

4. JUSTIFICATION: Expand upon the justification for what you are asking for

SQUADRON COMMANDER'S COMMENTS

	SQUADRON COMMANDER'S SIGNATURE	DATE
Select Recommendation		

COORDINATION

OFFICE	INITIALS	DATE	RECOMMENDATION	COMMENTS
OTHER			N/A	
OTHER			Recommend Disap	
N/A			Disapproved	SIGNATURE (IF APPROVING AUTHORITY)
CES/CD			Disapproval	SIGNATURE (IF APPROVING AUTHORITY)

COMMANDER DECISION

	DECISION	SIGNATURE	DATE
N/A	N/A		

NOTES

	DECISION	SIGNATURE	DATE
MSG/CL	Approved		

NOTES

	DECISION	SIGNATURE	DATE
N/A	Approved		

NOTES