



MILITARY APPLICATION

APPLICANT (INCLUDE JR. OR SR., IF APPLICABLE)

Resident #1 Last Name * First Name * Single
 Married

Date Housing Needed * Current Street Address *
City * State * Zip *

How did you hear about us?

S.S.N. * D.O.B. *

D.O.D. ID * Branch *

Duty Station * Projected Report Date * Eligibility Date

Pay Grade * Monthly Gross Salary

Driver's License # Rank *

Unit / Org / Squad * Date of Rank *

Email * Duty Phone *

Cell Phone Other Phone

Vehicle: Make Model

Year Plate

DUAL MILITARY APPLICANT (INCLUDE JR. OR SR., IF APPLICABLE)

Resident #2 Last Name First Name Single
 Married

Current Street Address

City State Zip

S.S.N. D.O.B.

D.O.D. ID Branch

Duty Station Projected Report Date Eligibility Date

Pay Grade Monthly Gross Salary

Driver's License # Rank

Unit / Org / Squad Date of Rank

Email Duty Phone

Cell Phone Other Phone

Vehicle: Make Model

Year Plate

DEPENDENT(S) OCCUPYING THE UNIT IN ADDITION TO THE APPLICANT

Name Relationship Gender

SSN (age 18) Date of Birth Vehicle Make / Model / Year & Plate #

DEPENDENT(S) OCCUPYING THE UNIT IN ADDITION TO THE APPLICANT

Name Relationship Gender

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SSN (age 18) Date of Birth Vehicle Make / Model / Year & Plate #

PET 1

Type Breed Weight (lbs)
Color Name

PET 2

Type Breed Weight (lbs)
Color Name

Is any person above a registered sex offender or subject to a requirement to register as a sex offender under the laws of any state? *

- Yes
- No

IN CASE OF EMERGENCY: I HEREBY GIVE CONSENT TO CONTACT THE INDIVIDUAL(S) BELOW:

Local Contact Name (Other than Household Member): *
Relationship * Phone Number *
Address *

MANAGEMENT USE ONLY

Applicant's Signature: _____

Date: _____

E-Signature: Applicant checked the box constituting a legal signature.

Date

Neighborhood Name

Address Leased

Priority Code

Hunt Representative

Total # of Occupants

Desired Move-in Date

of Bed/bath

Estimated BAH / Rental Rate

Hunt Representative Signature

Date

Time Recieved

Approved **Denied**

Hunt Management

Date

APPLICATION CANCELLATION

Date

Time

Address

Manager's Signature: _____

Date: _____