

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)

### NELLIS AFB

Resident Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
TT or OET \_\_\_\_\_ Move-in Date \_\_\_\_\_  
Unit Address \_\_\_\_\_ Neighborhood \_\_\_\_\_  
Date unit passed MHO COM inspection to ensure habitability of the housing unit: \_\_\_\_\_

MHO Employee Completing this form/Date: \_\_\_\_\_

\_\_\_\_\_ MHO attended move-in with Resident if requested by the resident

### MHO Pre Move-In Briefing

#### MHO Services and Contact Info

- \_\_\_ Resident Advocate role and contact information See Atch 1
- \_\_\_ Legal Assistance Office role and contact information Atch 1
- \_\_\_ Medical concerns and contact information Atch 1
- \_\_\_ Tenant Bill of Rights
- \_\_\_ Review Tenant Responsibilities (including how to report complaints, including health hazards)
- \_\_\_ Dispute Resolution Trifold
- \_\_\_ Confirm current status and explain Utility Allowance Program (if applicable) Atch 1
- \_\_\_ Brief procedures for submitting work orders
- \_\_\_ Review Lease Terms (Confirm Tenant read standard Lease Materials)  
The occupant must sign a one-year lease (month to month after initial year) and must provide 30 days written notification for termination of quarters due to PCS, Separation, Retirement or Deployment orders. For voluntary move-off after expiration of lease, member must provide 30 days notice on the 1<sup>st</sup> of the month. No security deposits or application fees will be required for Active Duty Military Personnel; however, the Occupant is still responsible for any all damages beyond fair wear and tear.
- \_\_\_ Review information regarding additional fees  
Bypassing Provision does not apply to personal situations such as home sale or vacation. Member will be offered the first available unit meeting their pay grade and bedroom entitlement and have one duty day to accept or decline the offer. The member must be willing to occupy the unit within 30 days.
- \_\_\_ Advise to obtain Renters Insurance
- \_\_\_ Pets Atch 1
- \_\_\_ EPA Guidance on reducing exposure to lead

### Move-in Appointment

- \_\_\_ Resident was present at move-in inspection
- \_\_\_ Confirm Resident is satisfied the home meets their EFMP needs (if applicable)
- \_\_\_ Resident received move-in package including lease, resident guide, and other pertinent information
- \_\_\_ Property Condition Report accurately assesses unit condition at move-in
- \_\_\_ Resident satisfied with move-in process

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**Resident Advocate Contact:**

Name: TBD  
Phone: TBD

**Installation Legal Services**

**Contact:**  
Location: 4428 Bldg 18, England Ave  
Phone DSN: 652-5407  
COMM: 702-652-5407  
Email:  
<https://www.nellis.af.mil/Home/Nellis-Legal/>

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.

\_\_\_\_\_  
(Initial - Resident Signature/Date) or electronic acknowledgement can be attached  
Email: TBD

**Feedback provided by Resident:**

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**No Later than 15 Days after move in; resident check (can attach email or other documentation of feedback)**

**Feedback provided by Resident:**

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**NELLIS AFB**

Resident Name \_\_\_\_\_

TT or OET \_\_\_\_\_ Move-in Date \_\_\_\_\_

Unit Address \_\_\_\_\_ Neighborhood \_\_\_\_\_

Date unit passed MHO COM inspection: \_\_\_\_\_

MHO Employee Completing this form: \_\_\_\_\_

**30 Day Post Move-in Brief**

\_\_\_\_ Resident received and has no questions on move-in package including lease, resident guide, and other pertinent information, including move-out process

\_\_\_\_ Resident satisfied with move-in process

\_\_\_\_\_  
(Resident Signature/Date) or electronic acknowledgement can be attached

**Feedback provided by Resident:**

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\_\_\_\_\_  
\_\_\_\_\_

**No later than 60 Days after move in; resident check (can attach email or other documentation of feedback)**

**Feedback provided by Resident:**

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\_\_\_\_\_  
\_\_\_\_\_