

APPLICATION FOR ASSIGNMENT TO HOUSING
(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)

OMB No. 0704-0705
Expires 20290131

SECTION I - APPLICANT INFORMATION

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. TYPE OF HOUSING PREFERENCE (X as applicable) (See Instructions for definitions)

Community Housing Privatized Housing DoD Owned/Leased Housing

2. APPLICANT/SPONSOR

a. NAME (Last, First, Middle Initial) b. PAY GRADE c. DoD ID d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT

3. MARITAL STATUS (X one)

Married Single Single with Dependent(s) (less than 50% time with) Single with Dependent(s) (50% or more time with)

4a. CURRENT ADDRESS (Street, City, State/Country, ZIP Code) 4b. CONTACT EMAIL ADDRESS(ES) (Duty Preferred; Personal Optional) Government: Personal:

5. TELEPHONE NUMBERS (Include Area Code) TEXT TO CELL PERMITTED? (X if yes)

a. HOME b. DUTY (DSN or Commercial) c. CELL PHONE

6. STATUS OF APPLICANT (X one)

Military Member Military Spouse DoD Civilian Local / Foreign National

7. SEPARATED FROM DEPENDENTS: (X one)

Voluntarily Involuntarily N/A

8. REQUEST HOUSING FOR: (X one)

Self and Dependents Self Only

9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT) (X one)

No Yes (If Yes, be prepared to show the POA when applying for housing.)

10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM 11a. INSTALLATION/ORGANIZATION TRANSFERRED TO

10b. LOSING UIC 11b. GAINING UIC

SECTION II - MEMBER INFORMATION

12. DATES (Enter dates in DDMMYYYY format) (1) Member (2) Dual Military Spouse (Enter dates in DDMMYYYY format) (1) Member (2) Dual Military Spouse
a. Date of Rank b. Date Entered Active Service c. Expiration of Obligated Service (EOS) d. Official Departure Date from losing duty station e. Official Report/Arrival Date at gaining duty station f. Estimated Family Arrival Date
g. Date of Birth h. Date of Marriage i. Projected Rotation Date (PRD) j. Special Housing Needs (wounded warrior, medical provider, etc.)

13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT b. DATE (DD/MM/YYYY)

SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT (If applicable)

14a. NAME (Last, First, Middle Initial) 14b. CONTACT EMAIL ADDRESS 14c. DoD ID

14d. CELL PHONE NUMBER TEXT TO CELL PERMITTED? (X if yes)

14e. INSTALLATION/ORGANIZATION 14f. UIC 14g. PAY GRADE

SECTION IV - DEPENDENT INFORMATION

15. AUTHORIZED DEPENDENTS RESIDING WITH ME (Continue on plain paper if more space is needed.)

a. Name (Last, First, Middle Initial) b. Date of Birth (DDMMYYYY) c. Sex d. Relationship e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)

**SECTION V - COMMUNITY HOUSING / HOUSING DATA**

**16. COMMUNITY HOUSING DESIRED** (*X as applicable*)

<input type="checkbox"/> Purchase House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Short Term	Other Details:
<input type="checkbox"/> Purchase Condominium	<input type="checkbox"/> Rent Apartment / Condominium	<input type="checkbox"/> Other	

**17. MINIMUM PREFERENCES** (*X and complete as applicable*)

a. Furnished ( <i>X one</i> )	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**18. SERVICE ANIMAL** (*X and complete as applicable*)

a. Have? ( <i>X one</i> )	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**19. PETS** (*X and complete as applicable*)

a. Have Pets? ( <i>X one</i> )	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**20. DATE HOUSING NEEDED** (DD/MM/YYYY)    **21. LOCATION PREFERENCE(S)**    **22. PRICE RANGE**

**23. REMARKS**

**DUTY POSITION/TITLE:** \_\_\_\_\_ **Pending Entitlements:** \_\_\_\_\_

**SECTION VI - HOUSING REFERRAL CERTIFICATE**

**24.** I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list.

(Initial the applicable box)     Yes     No     N/A

**25.** I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.

(Initial the applicable box)     Yes     No    **\*\*Once you have an accepted home offer for base housing, MHO will offer the in-person Move-In briefing.**

**SECTION VII - SIGNATURE AND DATE**

**26a. SIGNATURE OF APPLICANT** \_\_\_\_\_ **26b. DATE** (DDMMYYYY) \_\_\_\_\_

**SECTION VIII - DISPOSITION** (*To be completed by the Gaining Military Housing Office*)

**27. APPLICATION PLACEMENT**

a. APPLICATION RECEIVED (DDMMYYYY)	b. APPLICANT HOUSING TYPE PLACEMENT ( <i>X one</i> )		
	<input type="checkbox"/> Government Owned	<input type="checkbox"/> Government Leased	<input type="checkbox"/> Privatized <input type="checkbox"/> Community
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE (DDMMYYYY) ( <i>if applicable</i> )		
e. APPLICANT PLACED ON WAITING LIST ( <i>X one</i> )	f. WAITLIST ELIGIBILITY DATE (DDMMYYYY)	g. WAITLIST GRADE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
h. DATE UNIT ASSIGNED (DDMMYYYY)	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE ( <i>Signature</i> )			l. DATE SIGNED (DDMMYYYY)

**APPLICATION FOR ASSIGNMENT TO HOUSING****PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 133b, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.02, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.03, Deputy Under Secretary of Defense for Acquisition and Sustainment (DUSD (A&S)); DoDM 4165.63, DoD Housing Management.

**PRINCIPAL PURPOSE(S):** To apply for assignment to housing. This information may also be used to determine eligibility for housing as well as determine the priority and appropriate waiting list.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. See the applicable system of records notice for a listing of the routine uses. NM 11101-1, family and Unaccompanied Housing Program, located at: <https://pclf.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/DOD-Component-Notices/DOD-Wide-Article-List/>

**DISCLOSURE:** Voluntary. However, failure to provide all information or correct information may result in our inability to assign you or your family to appropriate living quarters or provide housing services.

**INSTRUCTIONS****GENERAL INSTRUCTIONS.**

This form provides the Military Housing Offices (MHO) with information that will be used to provide the applicant with community (off-base), privatized, or DoD owned/leased housing.

**SECTION I - APPLICANT INFORMATION****1. Type of Housing Preference (definitions).**

*Community Housing* – Private-sector or off-base housing located within a defined market area. This does not include privatized housing units owned by privatized housing Providers on Military installations.

*Privatized Housing* – Family or unaccompanied housing acquired or constructed by a DoD privatized Housing Provider. This housing may be located on government owned land, or near military installations within the United States and its territories.

*DoD Owned/Leased Housing* – Family and unaccompanied housing that the DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as “Government-controlled housing”. It does not include privatized housing.

**2. Applicant.**

- a. Enter applicant's legal name.
- b. Enter applicant's pay grade.
- c. Enter applicant's DoD ID # (located on your CAC).
- d. Enter DoD Component/Military Service Department.

**3. – 8.** Self-explanatory.

**9. Power of Attorney (POA):** To apply for housing in the service member's absence, a specific POA is required. The service member can obtain this legal document for the spouse from the installation's Legal Assistance Office. This POA authorizes the spouse to sign lease agreements and manage all related finances on the service member's behalf. The original POA document must be presented at the housing appointment.

**10-11.** Self-explanatory.

**SECTION II – MEMBER INFORMATION.**

**12-13.** Self-explanatory.

**SECTION III – MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT**

**14.** Self-explanatory.

**SECTION IV – DEPENDENT INFORMATION**

**15. a-e.** Self-explanatory.

**SECTION V – COMMUNITY HOUSING / HOUSING DATA**

**16-23.** Self-explanatory.

**SECTION VI – HOUSING REFERRAL CERTIFICATE**

**24-25.** Self-explanatory.

**SECTION VII – SIGNATURE AND DATE**

**26.** Self-explanatory.

**SECTION VIII – DISPOSITION**

**27.** Self-explanatory.

**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**

# MILITARY HOUSING OFFICE (MHO) NEW RESIDENT BRIEF

October 2024

A copy of this brief and the checklist will be provided to you for reference in the future should the need arise. The resident lease may use terms such as tenant and landlord or owner, however, this document refers to the tenant as the resident and the landlord as the Project Owner.

## **Military Housing Office responsibilities, services, and contact information**

The MHO is the office of primary responsibility for installation housing programs and an advocate on behalf of all military members and families for safe, affordable, and quality housing. We provide local oversight of the privatized housing companies' operations on behalf of the Installation Commander and assist in the mediation of complaints by members associated with privatized or community housing. We are the first point of contact for all complaint resolution issues if the Project Owner is not responsive to your concerns once you've submitted a maintenance request or spoken to the Project Owners Management team.

In our oversight role we have inspected the home prior to your move-in and will attend the pre-lease walk through with you, if requested. We also conduct quality assurance inspections on the privatized owner's activities to include maintenance and leasing operations. If you have questions, please feel free to contact us.

### ***MHO Contacts Information***

Location: 4601 Richard Kisling Dr, Las Vegas, Nevada 89115

Phone number: DSN: 682-1840, COMM: 702-652-1840

Email: 99CES.CEIH.HousingManagement@us.af.mil

## **Resident Advocate responsibilities/services and contact information**

Every Department of the Air Force (DAF) Base with over 50 privatized housing units or a Joint Base where DAF is the lead service has a dedicated Government Resident Advocate (RA). The RA assists military members and their families residing in privatized housing in developing solutions to unresolved problems, concerns, and needs. They provide consultation on the Project Owner and resident's rights as contained in laws, privatization agreements, DoD and DAF regulations when requested and take a proactive approach to ensure the concerns of military members and their families regarding privatized housing are addressed and elevated to the appropriate levels within the chain of command. The resident may seek the assistance of the RA at any point during the informal or formal Dispute Resolution process or on other issues relating to privatized housing community support and services.

### ***Resident Advocate Contact Information***

Name: Tracey Hollingsworth

Location: 4420 Grissom Ave, Bldg. 11, Nellis AFB, NV 89115

Phone number: DSN 682-2425, COMM: 702-652-2425

Email: tracey.hollingsworth@us.af.mil

### **Legal Assistance Office role and contact information**

The Legal Assistance Office is also available to provide legal advice on landlord/tenant rights and assist in resolving disputes with the Project Owner short of actual litigation. The scope of legal services that can be provided by the Legal Assistance Office is further detailed in AFI 51-304 (Legal Assistance, Notary, Preventive Law, and Tax Programs). In addition, the resident always has the option to independently hire private legal counsel to provide legal advice on their dispute with the Project Owner.

#### ***Legal Office Contact Information***

Location: 4428 England Ave, Bldg. 18, Nellis AFB, NV 89191

Phone number: DSN: 682-2479, COMM: 702-652-2479

Email: USAFWC.JA.LegalAssistance@us.af.mil

### **Air Force Housing Call Center role and contact information**

In addition to these resources, the DAF established a housing call center to help resolve resident concerns where local resources have not been able to assist, or the resident feels uncomfortable approaching the local resources.

#### ***Air Force Housing Call Center Contact Information***

Phone number: 1 (800) 482-6431

### **DoD Housing Feedback System (DHFS) and access information**

If you are interested in providing feedback on your housing experience, the DoD Housing Feedback System (DHFS) serves as an outlet for active-duty service members and their authorized dependents to submit complaints, compliments, and general feedback regarding their housing units. Additionally, the searchable database can be utilized as a tool to aid military families in their research process prior to moving to a new duty station.

All personally identifiable information will be removed before it's published in the database. The DHFS is not intended to replace existing processes for submitting maintenance work order requests. Privatized military housing residents should continue to submit work order requests through their community's property manager or other regular channels to receive action for maintenance issues.

#### ***The DHFS access Information***

Website: <https://www.dhfs.mil>

### **Medical concerns and contact information**

#### ***ESOH Call Center Contact Information***

Phone number: 1 (888) 232-ESOH (3764)

If you think you have a health issue related to conditions in housing, alert your Project Owner Management team and the MHO so they have awareness and contact your Primary Care Manager (PCM) for evaluation. If you are unsatisfied with the level of support provided by the PCM, you may contact the Defense Center for Public Health – Dayton (DCPA-D) Occupational and Environmental

Health Department (OE) Environmental, Safety, and Occupational Health (ESOH) Service Center at the number listed below. If the PCM confirms you have a mold-related illness and you believe there is an un-remediated condition in your home that is aggravating your condition, the MHO can engage Bioenvironmental Engineering to initiate an evaluation of your home and determine appropriate follow-up actions.

### **Tenant Bill of Rights**

Providing our military families with quality, safe and healthy homes and communities is a top DAF priority. We have worked with the Project Owners to establish a Tenant Bill of Rights (TBoRs) that formalizes rights you have as a resident. Please take a moment and read over these rights. Feel free to ask any questions. (Note: not all owners have established all 18 of these rights.)

18 /18 TBoR have been established here.

### **Resident Responsibilities**

It is not just the Project Owner that has obligations, you as a resident also have certain obligations and responsibilities as a party to the lease. In addition to paying your rent, you are expected to notify maintenance when anything breaks in the home, keep the home clean, maintain the grounds around your home, keep walkways clear, and abide by pet and noise policies. You shall be charged for all damage to the premises as a result of failure to report a problem in a timely manner. Additionally, you are not permitted to make alterations to the home without written permission from the Project Owner and are expected to pay for any damages to the home that are not fair wear and tear to include any damages caused by your family, guests, or pets. As we go through the lease, we will point out those responsibilities in more detail. Additionally, the leasing team for the privatized housing will provide you a Resident Guide outlining these responsibilities.

### **Dispute Resolution Resources**

While we always hope your tour will go without any issues with your Project Owner, disputes can occur. Our role along with the Project Owner is to resolve these disputes for you quickly at the lowest level. We have provided a Trifold for you that outlines resources to assist in Informal Dispute Resolution. Additionally, each Project Owner handles the informal dispute process differently and you can find specific information referenced at the location below. We expect the majority of issues to be resolved during the informal dispute process. However, if you are not satisfied with the result, you can obtain a Request Form for Dispute Resolution Process from the MHO to initiate the Formal Dispute Resolution process in accordance with Schedule 3 of the Universal Lease. Per the Universal Lease, Schedule 3, residents must attempt to resolve such dispute through the Informal Dispute Resolution Processes set forth by the MHO (stated in the location below), in order to be eligible for initiating the Formal Dispute Resolution Process. Once the MHO determines eligibility, this process will involve a physical inspection of your home and will ultimately be decided by the Installation Commander or appropriate Department of the Air Force official who may direct remedies to the resident or Project Owner as applicable.

Project Owner's Name: **NELLIS Hunt Military Community**

Informal Dispute Process Location: <https://riskconnecthunt.my.site.com/Dispute/s/>

## Utility Allowance Program (not at all installations)

The Utility Allowance (UA) Program is designed to encourage conservation of utilities improve installation resiliency by requiring residents to pay out of pocket for consumption above the average consumption for a like type unit. The program was suspended Jan 31, 2020 while the Department reviewed each project owners metering plan and billing process. Some Project Owners are relaunching the program after meeting the DoDs meter verification requirements, but not all owners are planning to reinstate the program. If the Project Owner reinstates the program, the UA is set based on average consumption of homes with similar characteristics. If you use more than the average consumption of your group, you will be required to pay, if you use less, you will either keep the savings or receive a rebate check. The payments or refunds are always based on your actual usage. More information on how the payments or refunds occur will be provided if the Project Owner has implemented the UA program.

Whether or not the PO implements the UA program we encourage each resident to conserve resources to improve the sustainability and resiliency of our installations. Conservation of utilities is not only good for the environment, any savings achieved are put back into the project to maintain playgrounds, homes and other common infrastructure.

UA ~~has~~ / **has not** been implemented here.

## Procedures for submitting work orders

It is the resident's responsibility to call in maintenance issues to the Project Owner's call center or maintenance service center as soon as the problem is evident. Additionally, the resident may submit work orders online via the resident portal. Failure to call or submit a work order through the online portal, if available, could result in resident's liability for damages. Please read and understand the Permission to Enter (PTE) form that is included in your lease. The form explains the process for the Project Owner Maintenance team to enter the home to do repairs etc. You can also input work request electronically through the Project Owner on-line portal. That information can be found in your Resident Guide.

### ***Project Owner Maintenance Contact Information***

Location: **5040 Brown Lane, Nellis AFB, NV 89115**

Phone number: **725-527-3211**

Email: **[nellisfamilyhousing@huntcompanies.com](mailto:nellisfamilyhousing@huntcompanies.com)**

**The DAF and MHO are governed by AFI 32-6000 and the Project Owners contracts. The Installation Commander has several responsibilities and authorities within privatized housing, some of which are discussed below.**

## **Military Universal Lease**

### ***Installations with Universal Lease Implemented:***

The Universal Lease was implemented at the installation for active-duty military residents. The Community Specific Addenda are where you can find project-specific local/state guidelines including fees and liability that are included in the documents provided. The Resident Guide includes additional Project Owner information/requirements including lease provisions, resident responsibilities, property policies, and general information. The Universal Lease includes Key Terms, Universal Lease Fee

Schedule, Dispute Resolution Process, Minimum Standard Tenant Displacement Guidelines, and Sample Move-In/Move-Out Checklists. All other information will be found in attached addenda.

*Installations without Universal Lease Implementation:*

Check the local and state policies for the process of Dispute Resolution and rent segregation availability.

**Renters Insurance**

We highly advise you obtain renter’s insurance. Some projects require the resident to maintain renter’s insurance per the Universal Lease. This insurance is fairly inexpensive and is important to protect you should any damage occur through negligence, such as unattended cooking causing a house fire. Policies generally cover damage to your possessions from natural disasters or extreme weather events, such as tornados or hurricanes. While the Project Owner has insurance to cover repairing the premises, they generally do not cover your possessions or damage caused by resident negligence. Policies may also provide liability insurance should a guest be injured on the property, your pet causes injury, or cover pet damage to the premises. Ensure you check with your insurance company on the specifics of policy coverage.

**Pets**

Pets must be approved by the Project Owner as identified in the Pet Addendum. Some breeds may not be permitted in the housing area. Per Section 2.21.1. of the AFI32-6000, 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 Commander in writing. For purposes of this policy, “aggressive” or “potentially aggressive” breeds of dogs are defined as a Pit Bull (American Staffordshire Bull Terrier or English Staffordshire Bull Terrier), Rottweiler, Doberman Pinscher, Chow and wolf hybrids. Additionally, refer to the Pet Addendum set forth by the Project Owner. If you plan to obtain a pet after lease signing, you must still notify the Project Owner of the pet and complete the pet addendum prior to bringing it on base and into housing. You are responsible for the conduct of your pets and any damage they cause, and you are required to comply with the pet requirements stated in your lease.

**Window Fall Prevention**

Window falls can be prevented, please be aware of the risks of window falls and follow the window fall prevention measures:

- Secure windows – keep windows closed and locked when children are present in the room.
- Screens keep out bugs – Fiberglass screens are not designated to be leaned on and cannot support the weight of a child.
- Keep furniture away – Furniture should not be placed alongside of windows that children can climb and gain access to, even those at high heights.
- Monitor children at all times – Do not leave children unattended, especially in rooms where windows are open.

Window fall prevention devices can be effective, and the DAF is working with Project Owners to install these devices at all privatized housing sites, however they should not be relied on as the sole mechanism for preventing falls. (Note: Devices that do not account for quick emergency egress should be avoided.) For questions or assistance with fall prevention, please contact the Project Owner team.

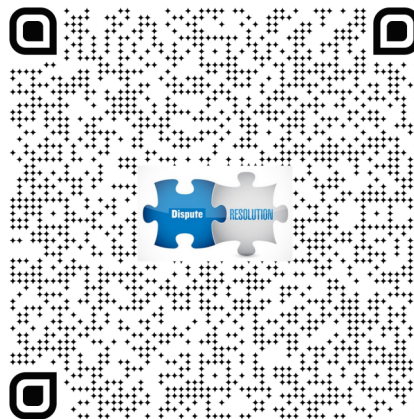
# Scan Me!



A Brief Guide to Mold, Moisture, and Your Home



Mold Frequent Questions



Tenant Resources for Resolving Disputes in Privatized Housing



MHPI Tenant Bill of Rights



Protect your Family from Lead

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: \_\_\_\_\_

Please review briefing pages 5-10 & then fill out and Initial each line on this page. Once you have an accepted home offer for base housing, MHO will offer the in-person Move-In briefing.

### MHO Pre Move-In Briefing

- \_\_\_\_\_ Introduce MHO team, responsibilities/services and contact information
- \_\_\_\_\_ Resident Advocate role and contact information
- \_\_\_\_\_ Legal Assistance Office role and contact information
- \_\_\_\_\_ Medical concerns and contact information
- \_\_\_\_\_ Provide Tenant Bill of Rights
- \_\_\_\_\_ Review Tenant Responsibilities (including how to report complaints, including health hazards)
- \_\_\_\_\_ Provide Dispute Resolution Trifold and location of PO dispute process website/document
- \_\_\_\_\_ Confirm current status and explain Utility Allowance Program (if applicable)
- \_\_\_\_\_ Review procedures for submitting work orders
- \_\_\_\_\_ Review Universal Lease Terms (Confirm Tenant read Universal Lease and associated addenda)
- \_\_\_\_\_ Review information regarding additional fees
- \_\_\_\_\_ Advise to obtain Renters Insurance
- \_\_\_\_\_ Pets
- \_\_\_\_\_ Provide a copy of the EPA Guidance on reducing exposure to lead
- \_\_\_\_\_ Provide a copy of the EPA Guidance on Mold in the home
- \_\_\_\_\_ Resident should attend move-in inspection or provide written notice of concerns within 5 days of the earlier of occupancy of the home or commencement of the lease
- \_\_\_\_\_ MHO, if available, may attend move-in inspection if requested by tenant
- \_\_\_\_\_ Brief residents on the risks of window falls and of window fall prevention measures