

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:			