


() Advance () Walk-in

1. Applicant's Information		SHEPPARD AFB PRIVATIZED HOUSING REFERRAL	
Tracking Number: (Housing Office)	Name:	Grade (select OET for civilians):	
	(Read & Initial) _____ Housing Options: Military members generally have the option to reside on or off base when selecting housing. _____ Local / PPM moves to Privatized Housing (PH): Local / PPM moves from community housing to PH are paid one-time after PCS . _____ Storage of Excess Household Goods (HHG) Member is entitled to government paid storage of HHG (furniture items only) as a result of insufficient space while occupying PH, see HMO letter. _____ Release of Information, By signing below I give Sheppard AFB HMO permission to release my information to the Property Manager/Owner. I understand the omission of any material fact or providing false information may result in denial of this application, or eviction from housing if the omission or false information is discovered after assignment. _____ I understand the housing office will not forward my application on to the project owner until all documents are received.		
Member's Signature:		Date:	
2. HMO Staff Only			
Bedrooms 2 3 4	Notes:		
JRNCO (E1-E6) SRNCO (E7-E9) CGO (O1-03) FGO (O4-O5) SQ CC (O-6)			
Referred by (Signature):	Referred Date:	Projected Eligibility Date:	
3. HMO Verification (form not valid until verified by HMO staff)			
Verified by (Signature):	Verified Date:	Actual Eligibility Date:	

Military Application for Housing

SPONSOR						
Name:		SSN:		DOB:		
UIC:		Date Of Rank:		Branch of Service:		Rank:
Installation Assignment:				Arrival Date:		
Duty Phone:		Personal Email:				
Cell Phone:		Military E-Mail:				
Duty Location (if different):		Duty Zip Code:		Last Assignment:		
Current Address:				Own:	Rent:	Govt:
Previous Address:				Own:	Rent:	Govt:
MILITARY SPOUSE (IF APPLICABLE)						
Name:		SSN:		DOB:		
UIC:		Date Of Rank:		Branch of Service:		Rank:
Installation Assignment:				Arrival Date:		
Duty Phone:		Personal Email:				
Cell Phone:		Military E-Mail:				
Duty Location (if different):		Duty Zip Code:		Last Assignment:		
Current Address:				Own:	Rent:	Govt:
Previous Address:				Own:	Rent:	Govt:
FAMILY MEMBERS						
Name:		DOB:		Relationship:		
VEHICLE						
Make:		Model:		Year:	Color:	Tag #
MISCELLANEOUS						
Do you own a pet? Y - N		Number of Pets?		Type(s):		
Have you or any family member ever been evicted or asked to leave housing? Y - N						
Explanation:						
EMERGENCY CONTACT						
Name:		Address:		Phone Number:		Phone Work:
THE UNDERSIGNED AGREES THAT ALL INFORMATION THAT HAS BEEN PROVIDED IS ACCURATE.						
Signature:					Date:	
Co-applicant Signature:					Date:	

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED (X one or both)		
				<input type="checkbox"/> a. MILITARY HOUSING	<input checked="" type="checkbox"/> b. HOUSING REFERRAL	
SECTION I - APPLICANT INFORMATION						
2. NAME OF SPONSOR <small>(First, Middle Initial, Last)</small>		3. PAY GRADE	4. SSN	5. DOD COMPONENT		
6. ADDRESS <small>(Street, City, State, Zip Code)</small>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT (X one)		
		a. HOME <small>(Area Code)</small>	b. DUTY <small>(DSN)</small>	<input checked="" type="checkbox"/>	a. MILITARY MEMBER	c. CIVILIAN
		9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS (X one)		b. MILITARY SPOUSE
				a. VOLUNTARILY	b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR (X one)			SECTION II - MILITARY CAREER INFORMATION (Civilians skip to Item 15.)			
a. SELF ONLY <input type="checkbox"/> b. SELF AND DEPENDENTS <input checked="" type="checkbox"/>			14. DATES (Enter in YYMMDD order)	MILITARY APPLICANT	MILITARY SPOUSE	
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM /			a. EFFECTIVE RANK/RATE DATE			
			b. ACTIVE DUTY SERVICE COMPUTATION			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO /			c. TIME REMAINING ON ACTIVE DUTY			
			d. EFFECTIVE CHANGE IN DUTY STATION			
			e. REPORT DATE			
			f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA						
15. DEPENDENTS RESIDING WITH ME (If more space is needed, continue on plain paper.)						
a. NAME <small>(First, Middle Initial, Last)</small>		b. DATE OF BIRTH	c. SEX	d. RELATIONSHIP	e. REMARKS <small>(Handicap, health problems, expected additions to family, etc.)</small>	
SECTION IV - HOUSING DATA						
16. COMMUNITY HOUSING DESIRED (X as applicable)						
a. PURCHASE HOUSE		d. RENT HOUSE		g. RENT MOBILE HOME SPACE		
b. PURCHASE CONDOMINIUM		e. RENT APARTMENT		h. SHARE		
c. PURCHASE MOBILE HOME		f. RENT MOBILE HOME		i. RENT ROOM		
j. ROOM AND BOARD		k. SUBLET		l. TRANSIENT		
17. AMENITIES DESIRED (X as applicable. Write number in d. and e.)			18. DATE HOUSING NEEDED (YYMMDD)		19. PRICE RANGE (Community Housing)	
a. FURNISHED			e. NO. BATHS			
b. UNFURNISHED			f. PETS <small>(Allowed)</small>			
c. AIR CONDITIONING			g. OTHER <small>(Explain)</small>			
d. NO. BEDROOMS			20. LOCATION PREFERENCE (Community Housing)			
21. REMARKS						
22. SIGNATURE OF APPLICANT					23. DATE SUBMITTED	
SECTION V - DISPOSITION (To be completed by the Housing Office.)						
24. MILITARY HOUSING						
a. APPLICATION RECEIVED <small>(YYMMDD and time)</small>		b. APPLICATION EFFECTIVE <small>(YYMMDD)</small>		c. DD FORM 1747 PROVIDED <small>(YYMMDD)</small>		
d. HOUSING AVAILABILITY <small>(Boxes indicated on DD Form 1747)</small>		e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <small>(YYMMDD)</small>		
g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <small>(YYMMDD)</small>				
SECTION VI - HOUSING REFERRAL CERTIFICATE						
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.			
			25. SIGNATURE OF APPLICANT			26. DATE SIGNED (YYMMDD)

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

PRIVATIZED HOUSING LEASE COUNSELING SHEET

This counseling sheet only emphasizes a few important things you must know before signing a lease with the Project Owner (PO) to live in Base Housing. **You must clearly understand all provisions of the lease before signing the lease. The lease is a legally binding instrument, which is enforceable by Texas Civil Courts. Base Housing is privately owned and managed and is not government-owned housing.** Please talk to the Government Housing Management Office (HMO) or the Base Legal Office if you are not sure what something means.

Member and (spouse) if applicable must initial each block. You will be given a copy and a copy will be kept on file in the housing office.

____/____ Privatized Family Housing represents a partnership between SAFB, the City of Wichita Falls, and the PO. You are a part of this partnership and are responsible to conduct yourself in a professional manner as a representative of the United States Armed Forces or its affiliate.

____/____ Privatized Housing is an important project to the Air Force and SAFB. It represents a sizeable investment by the Air Force.

____/____ Tenants are expected to comply with all lease terms and resolve any conflicts in a civil manner with the landlord. The HMO will assist by mediating any misunderstandings/conflicts. The final resolve is the Texas Court system.

____/____ The Property Management Office will be open Monday through Friday from 8:00am – 5:00pm. Office hours will be extended on Wednesday’s until 7:00pm. After hours, an answering service is available to leave non-emergency messages.

____/____ **Target tenants** are (a) active duty members of a Uniformed Service and such member’s family who are authorized to reside in a family housing unit on the Installation (b) an individual designated by the Government as “key and essential personnel” and such individual’s family who are authorized to reside in a family housing unit on the Installation.

____/____ ***Target tenants have first right to units designated for their pay grade.***

If no target tenants are available to rent a designated unit, other eligible tenants may rent units.

Active military members will be charged the BAH “with dependant” rate designated for the unit. Other Eligible Residents who are not active military members may be charged unrestricted market rent. However, at no time shall the rent be lower than that charged to Accompanied Active Duty Target Residents for the unit.

In limited situations (Key & Essential personnel who are bachelors and other cases necessary to address vacancies), PO will accept the BAH without dependants rate as rent.

____/____ ***Rent payments by allotments are mandatory. You cannot cancel your allotment during the term of the lease. (MAC will set up all allotments for all active duty military members).***

____/____ No security deposits or pet deposits are required. However, ***members will be held legally accountable for all damage and they must obey all pet rules.***

____/____ Rent is paid in arrears. If a member moves in mid-month, it will be PO’s responsibility to collect the pro-rated rent based upon the same daily calculation used by DFAS. Payment can be made by credit card, debit card, money order, cashiers check, or certified check prior to acceptance of keys. The allotment will be started at lease signing.

____/____ **Rent is due and payable on the 1st day of each month.** If any installment of rent is not received by the Landlord within 5 days from the due date, the Resident agrees to pay an administrative charge of \$25. The Resident also agrees to pay the Landlord an additional charge of \$25 for any returned item.

___/___

As monthly rent for each home is based on the monthly BAH rate for the grade designation of that home and the rank of the military family member, adjustments to the rent will occur through MAC when one of the following conditions are met:

The PO will adjust monthly rental rates in conjunction with any official BAH adjustment implemented for SAFB. Upon official notification from the Government of a change in BAH, PO will implement a rental rate change as of the first of the following month after the BAH change has been officially released.

Residents that are promoted or demoted to a different grade, the BAH will be adjusted to the new level and they will have two choices for residency.

Remain in their current home and the BAH level will be adjusted to the new level or move into a home which mirrors their new grade classification. Relocation costs are at no expense to the Air Force or PO and a \$300 transfer fee would also be required if the resident had not fulfilled the original one-year lease agreement.

___/___

Prospective residents who are eligible for a promotion (i.e. on a valid promotion list) at the time of lease signing that will move them into a higher classification during the term of the lease, will be offered homes in the higher grade range at their current BAH rate until the effective date of the promotion. On that date, the rent will be automatically adjusted to the higher rate.

___/___

In families where both spouses are service members, the senior family member's grade will determine the home category. Unlike Government practice, only the BAH at the "with dependant" rate of the senior member will be used as rent.

___/___

All new Lease Agreements with target tenants will be for a term of one year and will be month-to month thereafter.

___/___

A Community Management person will accompany the residents to their home, complete the Property Condition Report, provide instructions on the operation of appliances, and point out the location of thermostats, smoke detectors, range hood fire suppression system (installed in some homes) circuit breakers/fuse boxes, and water shut-off valves.

___/___

The parties agree that all promised repairs, alterations, and maintenance are included in the Property Condition Report.

___/___

Resident further acknowledges (a) responsibility for reasonably maintaining the cleanliness of the Premises (b) damage to the Premises that is not described on the Property Condition Report as existing, prior to the Resident's occupancy, and that exceeds normal wear and tear, is subject to repair by Landlord at Resident's expense.

___/___

The Lease can be signed only by the military member or spouse with a special power of attorney. For military married to military, only the member with the highest rank is eligible to sign the lease.

___/___

The following are examples of circumstances that would trigger the Request for Retention of Privatized Housing:

- Residents in receipt of PCS Orders to a dependent-restricted location
- Residents in receipt of Overseas Accompanied PCS Orders but housing not available within 30 days
- Resident has PCS Orders with TDY in route.
- Death of Active Duty Residents
- Retirement of Sponsor
- **Requests, must be coordinated/approved by service member's chain of command by submitting a Request for Retention of Privatized Housing**, to the Community Manager, no less than 30 days prior to the change in status. *Death of Active Duty Residents is an exception to the 30 days prior to the change in status requirement.

- ___/___ **Renter's insurance is highly encouraged.** It is a good idea for the tenant to apply for or maintain at all times a renter's insurance policy.
- ___/___ Landlord will pay for gas, electricity, water, sewage, and garbage.
- ___/___ Immediate relatives of the Resident and the Resident's spouse may be considered normal residents of the household and are not "Social Visitors", as defined in the Resident Guide, regardless of the period of stay.
- ___/___ Project owner will maintain the yards of all residents except for areas enclosed by a fence.
- ___/___ First lockout during regular business hours is No Charge, second lockout during regular business hours is a \$25 charge, all after hours and weekend lockouts are a \$50 charge, and failure to return keys at clearing is a \$50 charge.
- ___/___ Ambulance, fire, and police services for Freedom Estates Housing are provided by the City of Wichita Falls. Services for Wind Creek Village and Heritage Heights Housing are provided by SAFB. **Call 911 for emergencies.**
- ___/___ The Community Management Office has immediate right of entry to homes if emergency conditions are presumed to exist. Such emergency conditions include the risk of substantial damage to the property, or risk of death, injury or illness to humans or animals. Management may also enter, with reasonable notice, to make inspections and/or repairs.
- ___/___ Resident shall make no repairs to the Premises or fixtures located within the Premises without the written approval of the Landlord. The Resident shall immediately notify the Landlord of any damage to the Premises.
- ___/___ If a Resident requires routine maintenance, contact the Service Request Desk at 940-613-0691 or complete the service request on-line via the website at <http://www.sheppardafbhomes.com/> . Routine service requests may be scheduled to be completed on weekdays from 8:00am to 5:00pm.
- ___/___ Tenant must give a 30 day written notice prior to vacating.
- ___/___ At the pre move-out inspection, the Property Condition Report completed at move-in, will be referenced and charges will be assessed for any items that are not a result of normal wear and tear. The resident will be made aware of the amount of charges that will be assessed if the damages are not repaired. The resident will also be advised of the cost for contract cleaning if they elect that option.
- ___/___ **The Military Clause only applies to the military member receiving PCS orders, deploying over 90 days, separating the service, or retiring and not staying in the local area.** The military clause does not give the member the right to break their current lease and move into privatized housing.
- ___/___ For any Early Termination other than PCS, retirement, discharge from the military, change in marital status, etc., **resident shall provide 30 days' notice** and is responsible for all payments required under this lease through such 30 days. **Resident shall pay to landlord an amount equal to one months' rent as liquidated damages along with any other outstanding debts owed.**

HRO STAFF SIGNATURE: _____ **DATE:** _____



**DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND**

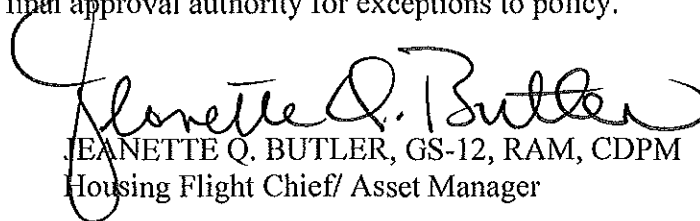
1 Jan 2016

MEMORANDUM FOR PRIVITIZED HOUSING RESIDENTS

FROM: 82 CES/CEIH

SUBJECT: Non-Temporary Storage (NTS) of Household Goods (HHG)

1. Per AFI 32-6001, 11.10.2, a military member is authorized NTS of HHG excess to need while occupying privatized housing.
2. Requests for NTS along with a written inventory of items to be stored must be submitted to the Housing Management Office (HMO) within 30 days after housing assignment. The Housing Flight Chief/Asset Manager has final approval authority for exceptions to policy.
3. The Housing Flight Chief/Asset Manager approves items determined to be impractical or unsuitable for use in the housing unit. General guidance is listed on the reverse side of this memorandum.
4. The Housing Flight Chief has final approval authority for exceptions to policy.


JEANETTE Q. BUTLER, GS-12, RAM, CDPM
Housing Flight Chief/ Asset Manager

NON-TEMPORARY STORAGE (NTS)

1 Jan 2016

Per AFI 32-6001, 11.10.2.3, items appropriate for NTS are generally furnishings considered impractical or unsuitable due to design or insufficient space in the housing unit which include oversized beds, sofas, bookcases and books, dinette sets, china cabinets (and associated china and crystal), clothing required only in another climate, and major appliances if like items are government provided. In addition, pools greater than 6 foot and hot tubs will be stored as these items are prohibited by the Privatized Community manager. Any item not specifically listed that does not fit into any category will require approval. See policy letter elated 1 Jan 2016 for additional guidance.

ITEMS AUTHORIZED NTS

Furnishings considered unusable due to design configuration or insufficient space Examples are:
Oversized beds, sofas, bookcases and books, dinette sets, china cabinets (and associated china and crystal)
Clothing required only in another climate
Major Appliances if like items provided by the government
Pools greater than 6 foot (item prohibited in housing)
Hot tub (item prohibited in housing)
Band Instruments
Computer related equipment
Rugs
Outdoor Trashcans
Billiards table

ITEMS NOT AUTHORIZED NTS

Accessory household items (brooms, mops, vacuums, ironing boards, lamps, linens, etc.)
Aquariums
Barbeque Grills
Bicycles/Tricycles
Empty boxes
Books (exception - military professional)
Building materials
Christmas tree/Decorations
Clothing (exception - heavy seasonal winter like parkas, snow boots, etc.)
Dishes/dish packs/barrels
Hazardous materials
Hobby Equipment
Machinery
Minor appliances (fan, electronics, speakers, sewing machine, mixer, toaster, iron, etc)
Playground Equipment
Sports Equipment (except for snow gear)
Televisions
Yard Equipment
Vehicles and vehicle parts
Other-Miscellaneous small items (Exceptions may be approved by the Flight Chief)
Hazardous Materials (combustibles, corrosives, explosives, flammables) are not authorized in NTS. A complete list of hazardous materials can be obtained at the Traffic Management Office (TMO).