

Date departed losing station: _____

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: <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:		
Cell Phone:	Military E-Mail:		
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:

VEHICLE

Make:	Model:	Year:	Color:	Tag #	State

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: