

APPLICATION FOR HOUSING ASSIGNMENT

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
 DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

SECTION I APPLICANT INFORMATION

LAST NAME: (SERVICE MEMBER INFO)	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (MM-DD-YY)	DATE OF RANK (MM-DD-YY)	ENLISTMENT DATE
CURRENT ADDRESS	STREET		CITY	STATE	ZIP CODE
PAY GRADE	BRANCH OF SERVICE		SOCIAL SECURITY NUMBER		DATE HOUSING NEEDED (MM-DD-YY)
TELEPHONE#(HOME)	TELEPHONE#(DUTY)		TELEPHONE#(MOBILE)	E-MAIL ADDRESS	
ORGANIZATION / UNIT TRANSFERRED FROM		ORGANIZATION / UNIT TRANSFERRED TO		REPORT NLT DATE	DO YOU HAVE A LINE # ?

STATUS OF APPLICANT:
 MARITAL STATUS _____ TOTAL NUMBER OF OCCUPANTS _____ ESTIMATED BAH RATE: _____
 DUAL MILITARY? _____ IF YES, SERVICE MEMBERS NAME _____
 SSN _____ BRANCH OF SERVICE _____ PAY GRADE _____ DUTY STATION _____
 DO YOU HAVE PETS? _____ HOW MANY: _____ TYPE: _____ BREED, IF DOG: _____ WEIGHT: _____
(MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: _____ BREED, IF DOG: _____ WEIGHT: _____

SECTION II VEHICLE INFORMATION

TYPE / MAKE	MODEL	LICENSE PLATE NUMBER / POST DECAL
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SECTION III DEPENDENT DATA (Proof of Date of Birth will be required)

DEPENDENTS RESIDING WITH MILITARY MEMBER: (If more space is needed, continue on back)

NAME First name - Middle Initial - Last name	RELATIONSHIP	GENDER	DATE OF BIRTH (MM-DD-YY)	SOCIAL SECURITY #	EFMP FAMILY MEMBER?

SECTION IV EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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SPECIAL REQUESTS / COMMENTS (Pertaining to Housing Assignments or BAH matters) :

SECTION V SIGNATURE

 SIGNATURE OF APPLICANT _____ DATE _____

SECTION VI DISPOSITION (To be completed by Military Housing Office)

DATE APPLICATION RECEIVED _____ ELIGIBILITY DATE: _____
 HOUSING QUALIFIED FOR: _____ SIZE: 2 BR 3 BR 4 BR Other: _____

 SIGNATURE OF HOUSING CONSULTANT _____ DATE _____