

APPLICATION FOR HOUSING ASSIGNMENT

APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MI:	DOB (MM-DD-YY):	SOCIAL SECURITY NUMBER:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:				PHONE (PRIMARY):	
PAY GRADE:	BRANCH OF SERVICE:			DATE HOUSING NEEDED (MM-DD-YY):	
ANY "EFMP" FAMILY MEMBERS?	CURRENT DEPARTING DATE:	REPORT NLT DATE:	PROMOTABLE? DO YOU HAVE A LINE #?		

STATUS OF APPLICANT

MARITAL STATUS: _____ TOTAL NUMBER OF OCCUPANTS: _____
 DUAL MILITARY?: _____ DATE OF RANK: _____

IF YOU ANSWERED YES TO DUAL MILITARY, PLEASE ANSWER THE FOLLOWING FOR THE OTHER SERVICE MEMBER:

SERVICE MEMBERS NAME: _____ PAY GRADE: _____
 BRANCH OF SERVICE: _____

ORGANIZATION/UNIT TRANSFERRED FROM: _____

ORGANIZATION/UNIT TRANSFERRED TO: _____

DO YOU HAVE PETS? _____ HOW MANY? _____ TYPE: _____ WEIGHT: _____

(MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: _____ WEIGHT: _____

DEPENDENT DATA (PROOF OF DOB IS REQUIRED)

DEPENDENTS RESIDING WITH THE MILITARY MEMBER NAME FIRST - MI - LAST	RELATIONSHIP	GENDER	DOB	SOCIAL SECURITY #

EMERGENCY CONTACT INFORMATION

NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

HOW DID YOU HEAR ABOUT US?

CHECK THOSE THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> AHRN | <input type="checkbox"/> REFERRED BY A RESIDENT → NAME: _____ |
| <input type="checkbox"/> WALK IN | <input type="checkbox"/> REFERRED BY ANOTHER INSTALLATION → WHICH ONE: _____ |
| <input type="checkbox"/> COMMUNITY WEBSITE | <input type="checkbox"/> SEARCH ENGINE → WHICH ONE: _____ |
| <input type="checkbox"/> REFERRED BY COMMAND | <input type="checkbox"/> BROCHURE / FLYER → WHERE DID YOU SEE IT?: _____ |

CORRECT INFORMATION

I HEREBY GIVE THE MANAGEMENT/OWNER THE AUTHORITY TO INVESTIGATE MY CREDIT RATING, MY CURRENT AND PAST RENTAL RECORD, MY POLICE RECORD (IF ANY), AND ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY. I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION ON THIS FORM WILL DISQUALIFY ME FROM CONSIDERATION FOR LEASING AND MAY BE GROUNDS FOR EVICTION. I HEREBY AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

SIGNATURE OF APPLICANT / DATE

DISPOSITION (TO BE COMPLETED BY HOUSING OFFICE)

DATE APPLICATION RECEIVED: _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE (# OF BEDROOMS): _____
DATE HOUSING ASSIGNED: _____	ADDRESS ASSIGNED: _____

SIGNATURE OF HOUSING CONSULTANT / DATE