APPLICATION FOR HOUSING ASSIGNMENT

APPLICANT INFORMATION LAST NAME: FIRST NAME: MI: DOB (MM-DD-YY): SOCIAL SECURITY NUMBER: PREVIOUS ADDRESS: CITY: 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 TO: DO YOU HAVE PETS? HOW MANY? TYPE: WEIGHT: WEIGHT: TYPE: (MAXIMUM OF 2 PETS PER HOUSEHOLD) DEPENDENT DATA (PROOF OF DOB IS REQUIRED) DEPENDENTS RESIDING WITH THE MILITARY MEMBER SOCIAL RELATIONSHIP GENDER DOB NAME **SECURITY #** FIRST - MI - LAST **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	
AHRN	REFERRED BY A RESIDENT NAME:
☐ WALK IN	REFERRED BY ANOTHER INSTALLATION WHICH ONE:
COMMUNITY WEBSITE	SEARCH ENGINE WHICH ONE:
REFERRED BY COMMAND	BROCHURE / FLYER WHERE DID YOU SEE IT?:
	CORRECT INFORMATION
MISREPRESENTATION OF INFORMATION FOR EVICTION. I HEREBY AFFIRM WARNING: SECTION 1001 OF TITLE 18	ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY. I UNDERSTAND THAT ANY ATION ON THIS FORM WILL DISQUALIFY ME FROM CONSIDERATION FOR LEASING AND MAY BE GROUNDS THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY TED 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

