

# 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:

# RENTAL HISTORY

PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME OF PROPERTY OWNER OR MANAGER:	PHONE:	MOVE IN DATE:	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME OF PROPERTY OWNER OR MANAGER:	PHONE:	MOVE IN DATE:	
HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED? (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU OR YOUR SPOUSE EVER BEEN SUED FOR NONPAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>			

# EMPLOYMENT / OTHER INCOME

PRESENT EMPLOYER:	HOW LONG:	WORK PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
GROSS MONTHLY SALARY (\$):	POSITION HELD / OCCUPATION:	SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:
PREVIOUS EMPLOYER:	HOW LONG:	WORK PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
GROSS MONTHLY SALARY (\$):	POSITION HELD / OCCUPATION:	SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:
DISCLOSURE OF ADDITIONAL INCOME SUCH AS CHILD SUPPORT ALIMONY, SOCIAL SECURITY, WELFARE, ETC. IS MANDATORY IF APPLYING FOR GOVERNMENT REGULATED HOUSING. OTHERWISE DISCLOSURE IS VOLUNTARY IF YOU WISH TO HAVE IT CONSIDERED IN THE DETERMINATION OF YOUR QUALIFICATION.			
AMOUNT OF \$: _____	PER: _____	SOURCE: _____	
AMOUNT OF \$: _____	PER: _____	SOURCE: _____	

HAVE YOU OR YOUR SPOUSE EVER DECLARED BANKRUPTCY? (CHECK ONE) YES  NO

HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF, OR PLED GUILTY TO ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (CHECK ONE) YES \_\_\_\_\_ NO \_\_\_\_\_

# BANK AND CREDIT REFERENCES

NAME OF BANK:	CHECKING ACCOUNT NUMBER:	SAVINGS ACCOUNT NUMBER:
NAME OF BANK:	CHECKING ACCOUNT NUMBER:	SAVINGS ACCOUNT NUMBER:
CREDIT REFERENCE:	ACCOUNT NUMBER:	
CREDIT REFERENCE:	ACCOUNT NUMBER:	

# OTHER INFORMATION

SPECIAL REQUESTS / COMMENTS (PERTAINING TO HOUSING ASSIGNMENTS OR BASIC ALLOWANCE FOR HOUSING MATTERS):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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