Service Member Information

Lease Type   **Social Security Number**

New   Converted

First Name   Middle Initial   Last Name   **Service/Command**   **Pay Grade**

NOTE: It is important that you provide a phone number where you can be reached between duty stations

Contact/Home Phone No.   Work Phone No. + Extension   Mobile Phone No.   Fax Phone No.

EMail Address

Has Dependents   **Has Pets** (*If yes, the Number of Pets and Pet Types must be completed*)

Number of Pets   **Pet Types - Size and Weight**

Dependent Information (See page 2 for additional room to add dependent information)

Gender   **Birth Date**   **Age**   **Disability?**   **Disability Remarks**

Is applicant/dependent pregnant?   **Pregancy Due Date**

Duty Station Inforamtion

Current Duty Station   **Street Address Line 1**

City   **State**   **Zip Code**

Future Duty Station   **Street Address line 1**

City   **State**   **Zip Code**

Current Duty Departure Date   **Tour Report Date**

Requested Move In Date   **Tour Complete Date**

Lease Conversion Information

Current Lease Company   **POC First Name**   **Middle Initial**   **Last Name**

Street Address Line 1   **City**   **State**   **Zip Code**

Work Phone Number + Extension   **Fax Phone Number**   **EMail Address**

Housing Type   Monthly Rent   Utilities Included?   No. of Bedrooms   Average Monthly Utility Cost

Copy of Lease Included? (*If yes, attach an electronic copy of the lease along with your e-mail*)

Comments

** If you have not received e-mail confirmation within 2 business days of submitting your application please call 251-690-2310.

Dependent Information (*Continued*)

Gender	Birth Date	Age	Disability?	Disability Remarks
Is applicant/dependent pregnant?				**Pregancy Due Date**

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Is applicant/dependent pregnant?				**Pregancy Due Date**

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