

RELOCATION SERVICES REQUEST FORM

PRIVACY ACT NOTICE: Under the provisions of Chapter 57, Title 5 U.S.C., the information requested on this form is required to provide relocation services to you in connection with your permanent change of station (PCS). Failure to fully complete and return this form may preclude or delay your use of these services.

1. EMPLOYEE IDENTIFICATION

a. Employee's Name: _____

Spouse: _____

b. Telephone Numbers: COMMERCIAL ONLY!!!!

(1) Old Duty #

Work: (____) _____

Home: (____) _____

Cell: (____) _____

(2) New Duty #

Work: (____) _____

Home: (____) _____

Cell: (____) _____

2. REQUESTED SERVICES:

a. _____ Guaranteed Homesale (GHS)

b. _____ Property Management

3. RESIDENTIAL HOMESALE PROPERTY INFORMATION

a. Property Address: _____

City: _____ State: _____ Zip Code: _____

b. Estimated value of the residence (GHS only): _____

c. Subject property is owned by myself and/or eligible dependent(s) at the time of my notification of transfer. _____ YES _____ NO

d. The subject property is my primary residence from which I regularly commuted at the time of my official notification of transfer. _____ YES _____ NO

I CERTIFY THAT THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE'S SIGNATURE _____ DATE _____

FOR HRO USE ONLY – DO NOT WRITE BELOW THIS LINE

____ ARMY ____ NAVY ____ AIR FORCE ____ OTHER DoD

1. Agency Name: _____ 2. HRO Point of Contact: _____

Address: _____

_____ COM (____) _____

_____ FAX (____) _____

3. Eligibility Category (DA Only) ____ SES ____ MM ____ MDM ____ LC

4. Estimated House Value \$ _____ x _____ % = \$ _____ estimated amount obligated for Relocation Services.

5. Property management # of years/months _____ x \$ _____ + GAF \$650.00 = \$ _____

AUTHORIZED HRO SIGNATURE

DATE

FINANCIAL INFORMATION – DO NOT WRITE BELOW THIS LINE

I CERTIFY THAT FUNDS IN THE AMOUNT OF \$ _____ ARE AVAILABLE.

CERTIFYING OFFICIAL'S SIGNATURE

DATE

1. Accounting Citation: _____

2. Finance & Accounting Office (FAO) to be billed

3. FAO Point of Contact: _____

COM (____) _____

FAX (____) _____