

## Application for Housing

SPONSOR							
Name:			SSN:		DOB:		
UIC:		DOR:	Branch of Service:		Rank:		
Installation Assignment:		Arrival Date:	Duty Phone:		Cell Phone:		
			Home Phone:		E-Mail:		
Duty Location (if different):		Duty Zip Code:	Last Assignment:				
Current Address:			Own:	Rent:	Govt:		
Previous Address:			Own:	Rent:	Govt:		
MILITARY SPOUSE (IF APPLICABLE)							
Name:			SSN:		DOB:		
UIC:		DOR:	Branch of Service:		Rank:		
Installation Attachment:		Arrival Date:	Duty Phone:		Cell Phone:		
			Home Phone:		E-Mail:		
Duty Location (if different):		Duty Zip Code:	Last Assignment				
Current Address:			Own:	Rent:	Govt:		
Previous Address:			Own:	Rent:	Govt:		
FAMILY MEMBERS							
Name:		DOB:	Relationship:	Are you or any of your family members enrolled in EFMP? Y – N			
				Do you or any of your family members have a special need? Y - N			
				Does the special need require housing modifications? Y - N If so what?			
				Pertaining to housing, what accessibility requirements will be needed?			
				Have you contacted the EFMP manager? Y – N			
VEHICLE							
Make:		Model:	Year:	Color:	Reg. #:	Tag #	State
MISCELLANEOUS							
Do you own a pet? Y - N			Number of Pets?		Type(s):		
Have you or any family member ever been evicted or asked to leave housing? Y – N							
Explanation:							
EMERGENCY CONTACT							
Name:		Address:		Phone Number:		Phone Work:	
THE UNDERSIGNED AGREES THAT ALL INFORMATION THAT HAS BEEN PROVIDED IS ACCURATE.							
Signature:				Date:			
Co Signature:				Date:			