



APPLICATION FOR HOUSING

SPONSOR					
Name:		SSN:		DOB:	
Unit Name:	DOR:	Branch of Service:		Rank:	
Installation Assignment:	Arrival Date:	Duty Phone:		Cell Phone:	
Date of Departure from Losing Installation:	Report NLT Date:	Home Phone:		E-Mail:	
Active Duty Svc Comp Date:			Time Remaining On Active Duty:		
Duty Location (if different):		Marital Status:	Last Assignment:		
Current Address:		Own:	Rent:	Govt:	
MILITARY SPOUSE (IF APPLICABLE)					
Name:		SSN:		DOB:	
Unit Name:	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:	
FAMILY MEMBERS					
First Name, Middle Initial and Last Name:		DOB:	Current Age:	Relationship:	
VEHICLE					
Make:	Model:	Year:	Color:	License Plate #:	State
PET (DOGS AND CATS ONLY IF APPLICABLE)					
Do you own a pet? Y - N		Number of Pets?		Type (s):	
Pet #1 Name:	Breed:	Color:		Weight:	Age:
Pet #2 Name:	Breed:	Color:		Weight:	Age:
MISCELLANEOUS					
Are you in a lease in the local community? Y - N			What is the lease expiration date?		
Have you lived in MFH during this current assignment? Y - N			Dates you lived in MFH:		
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:	