

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:	
Previous 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:	
Previous Address:			Own:	Rent:	Govt:	
FAMILY MEMBERS						
First Name, Middle Initial and Last Name:		DOB:	Current Age:	Relationship:		
VEHICLE						
Make:	Model:	Year:	Color:	Reg. #:	Tag #	State
MISCELLANEOUS						
Do you own a pet? Y - N		Number of Pets?		Type (s):		
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:		
Co Signature:				Date:		