

# APPLICATION FOR HOUSING ASSIGNMENT

## APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MI:	DOB (MM-DD-YY):	SOCIAL SECURITY NUMBER:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:				PHONE (PRIMARY):	
PAY GRADE:	BRANCH OF SERVICE:			DATE HOUSING NEEDED (MM-DD-YY):	
ANY "EFMP" FAMILY MEMBERS?	REPORT NLT DATE:			PROMOTABLE? DO YOU HAVE A LINE #?	

### STATUS OF APPLICANT

MARITAL STATUS: \_\_\_\_\_ TOTAL NUMBER OF OCCUPANTS: \_\_\_\_\_  
 DUAL MILITARY?: \_\_\_\_\_ ESTIMATED BAH RATE (\$): \_\_\_\_\_

### IF YOU ANSWERED YES TO DUAL MILITARY, PLEASE ANSWER THE FOLLOWING FOR THE OTHER SERVICE MEMBER:

SERVICE MEMBERS NAME: \_\_\_\_\_ PAY GRADE: \_\_\_\_\_  
 BRANCH OF SERVICE: \_\_\_\_\_

ORGANIZATION/UNIT TRANSFERRED FROM: \_\_\_\_\_

ORGANIZATION/UNIT TRANSFERRED TO: \_\_\_\_\_

DO YOU HAVE PETS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_ TYPE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

(MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

## DEPENDENT DATA (PROOF OF DOB IS REQUIRED)

DEPENDENTS RESIDING WITH THE MILITARY MEMBER NAME FIRST - MI - LAST	RELATIONSHIP	GENDER	DOB	SOCIAL SECURITY #

## EMERGENCY CONTACT INFORMATION

NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

# HOW DID YOU HEAR ABOUT US?

## CHECK THOSE THAT APPLY

- |  |  |
|--|--|
| <input type="checkbox"/> AHRN                | <input type="checkbox"/> REFERRED BY A RESIDENT → NAME: _____                |
| <input type="checkbox"/> WALK IN             | <input type="checkbox"/> REFERRED BY ANOTHER INSTALLATION → WHICH ONE: _____ |
| <input type="checkbox"/> COMMUNITY WEBSITE   | <input type="checkbox"/> SEARCH ENGINE → WHICH ONE: _____                    |
| <input type="checkbox"/> REFERRED BY COMMAND | <input type="checkbox"/> BROCHURE / FLYER → WHERE DID YOU SEE IT?: _____     |

## CORRECT INFORMATION

I HEREBY GIVE THE MANAGEMENT/OWNER THE AUTHORITY TO INVESTIGATE MY CREDIT RATING, MY CURRENT AND PAST RENTAL RECORD, MY POLICE RECORD (IF ANY), AND ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY. I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION ON THIS FORM WILL DISQUALIFY ME FROM CONSIDERATION FOR LEASING AND MAY BE GROUNDS FOR EVICTION. I HEREBY AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**WARNING:** SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT / DATE

## DISPOSITION (TO BE COMPLETED BY HOUSING OFFICE)

DATE APPLICATION RECEIVED: _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE (# OF BEDROOMS): _____
DATE HOUSING ASSIGNED: _____	ADDRESS ASSIGNED: _____

\_\_\_\_\_  
SIGNATURE OF HOUSING CONSULTANT / DATE