



Application For Housing Assignment

Privacy Act Statement

PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

SECTION 1 APPLICANT INFORMATION

| | | | | | | | |
|---|-------------------|----------------------------|------------------------|--------------------------|------------------------|-----------------------------------|-----------------|
| Last Name | | First Name | | Middle Initial | Date of Birth (MMDDYY) | Date of Rank (MMDDYY) | Report NLT Date |
| Address (Previous or home of record) Street | | | | City | | State | Zip Code |
| Pay Grade | Branch of Service | | Social Security Number | | | Date Housing Needed (MMDDYY) | |
| Telephone # (Home) | | Telephone# (Duty) | | Telephone # Cell) | | Email Address | |
| Military Sponsor's Name | | | Mil Sponsor's Phone# | | | Promoted soon? Y/N | Promotion date |
| Status of Applicant: | | | | | | How did you hear about us | |
| Marital Status: _____ | | Total # of occupants _____ | | _____ HMO office | | _____ Hunt Website | |
| Dual Military _____ | | Pay Grade: _____ | | _____ Military Home Link | | _____ Other: Please specify below | |
| If Yes, Service members name _____ | | Branch of Service _____ | | _____ | | _____ | |
| _____ | | Date of birth _____ | | _____ | | _____ | |

| | | | | |
|-------------------------------------|----------|-----------------------------------|--------------|---------------------------------|
| Organization/Unit Transferred From: | | Organization/Unit Transferred To: | | |
| Pets (Y/N) | How Many | Type _____ | Weight _____ | Maximum of 2 pets per Household |

SECTION 2 VEHICLE INFORMATION

| | | |
|-----------|-------|----------------------|
| Type/Make | Model | License Plate Number |
| Type/Make | Model | License Plate Number |

SECTION 3 DEPENDENT DATA (Proof of date of birth will be required)

Dependents residing with Military Member: (If more space is needed, continue on back)

| NAME | Relationship | Gender | Date of Birth | Social Security Number |
|---|--------------|--------|---------------|------------------------|
| First name - Middle Initial - Last Name | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 4 EMERGENCY CONTACT INFORMATION

| | | | | |
|--|---------------|-------|----------|--------|
| Y/N Relationship | Address: City | State | Zip Code | Phone# |
| EFMP Family Member? Y/N and Relationship | | | | |
| Special Request/Comments: | | | | |

SECTION 5 DISPOSITION (Completed by Housing Management Office)

| | |
|---------------------------------|------------------------------|
| Date Application Received _____ | Eligibility Date: _____ |
| Housing Qualified for: _____ | Date Housing Assigned: _____ |
| HMO Signature _____ | HUNT Rep. Signature _____ |