

HOUSING APPLICATION COVER SHEET

Effective Control Date _____ Renewal Month _____

Social Security Number _____ - _____ - _____

Name _____ Rate/Rank _____

Last, First, MI

Home Address _____

Home Phone _____ Cell Phone _____ Email Address _____

Duty Station _____ UIC _____

PRD _____ ETS _____ Duty Phone _____

Home of Record _____ City/State/Zip _____

Bedrooms _____ Area _____

CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

Are you presently in Military Family Housing? **Yes** **No**

If yes, date assigned and address _____

Have you vacated Military Family Housing? **Yes** **No**

If yes, date vacated and address _____

Have you ever been evicted from Military Housing? **Yes** **No** Initial _____

If yes, state reason _____

Is spouse a Military Member? **Yes** **No**

If yes, Member's Name _____ Rate/Rank _____ SSN _____

Duty Station _____ UIC _____

Provide copy of member's orders. **Yes** **No**

If previously married to Military Member are dependants on that member's Page 2? **Yes** **No**

If yes, Member's Name _____ Rate/Rank _____ SSN _____

Provide copy of member's orders. **Yes** **No**

Are you enrolled in the Exceptional Family Member Program? **Yes** **No** If yes, what category _____

Verified with _____ at 1-800-527-8830. Date of Enrollment _____

Do you have any special requirements? (i.e. single level, ramp, etc.) _____

Are you leasing with a Rental Partnership Program Complex? **Yes** **No**

Are you currently in a lease? **Yes** **No** If yes, date it expires _____

Do you have a waterbed? **Yes** **No**

Attached copy of insurance policy? **Yes** **No** If yes, date insurance expires _____

Do you have a pet? **Yes** **No** How Many _____ What Type _____

Date application received _____ Staff Initials _____

Date application was inputted into the computer _____ Staff Initials _____