APPLICATION FOR ASSIGNMENT TO HOUSING

(Before completing form, read Privacy Act Statement and Instructions on reverse)

1. TYPE SERVICE DESIRED *(X one or both)*

	a. MILITARY HOUSING		b. HOUSING

SECTION I - APPLICANT INFORMATION

2. NAME OF SPONSOR *(Last, First, Middle Initial)*	3. PAY GRADE	4. SSN	5. DOD COMPONENT

6. ADDRESS *(Street, City, State, Zip Code)*

7. TELEPHONE NUMBER

a. HOME *(Area Code)*	b. DUTY *(DSN)*

8. STATUS OF APPLICANT *(X one)*

	a. MILITARY MEMBER		c. CIVILIAN
	b. MILITARY SPOUSE		d. FOREIGN NATIONAL

9. MARITAL STATUS

10. I AM SEPARATED FROM MY DEPENDENTS *(X one)*

	a. VOLUNTARILY		b. INVOLUNTARILY

11. I REQUEST HOUSING FOR *(X one)*

	a. SELF ONLY		b. SELF AND DEPENDENTS

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

SECTION II - MILITARY CAREER INFORMATION *(Civilians skip to Item 15.)*

14. DATES *(Enter in YYMMDD order)*	MILITARY APPLICANT	MILITARY SPOUSE
a. EFFECTIVE RANK/RATE DATE		
b. ACTIVE DUTY SERVICE COMPUTATION		
c. TIME REMAINING ON ACTIVE DUTY		
d. EFFECTIVE CHANGE IN DUTY STATION		
e. REPORT DATE		
f. ESTIMATED FAMILY ARRIVAL DATE		

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME *(If more space is needed, continue on plain paper.)*

a. NAME *(Last, First, Middle Initial)*	b. DATE OF BIRTH *(YYMMDD)*	c. SEX	d. RELATIONSHIP	e. REMARKS *(Handicap, health problems, expected additions to family, etc.)*

SECTION IV - HOUSING DATA

16. COMMUNITY HOUSING DESIRED *(X as applicable)*

	a. PURCHASE HOUSE		d. RENT HOUSE		g. RENT MOBILE HOME SPACE		j. ROOM AND BOARD
	b. PURCHASE CONDOMINIUM		e. RENT APARTMENT		h. SHARE		k. SUBLET
	c. PURCHASE MOBILE HOME		f. RENT MOBILE HOME		i. RENT ROOM		l. TRANSIENT

17. AMENITIES DESIRED *(X as applicable. Write number in d. and e.)*

	a. FURNISHED		e. NO. BATHS
	b. UNFURNISHED		f. PETS *(Allowed)*
	c. AIR CONDITIONING		g. OTHER *(Explain)*
	d. NO. BEDROOMS		

18. DATE HOUSING NEEDED *(YYMMDD)*

19. PRICE RANGE *(Community Housing)*

20. LOCATION PREFERENCE *(Community Housing)*

21. REMARKS

22. SIGNATURE OF APPLICANT

23. DATE SUBMITTED *(YYMMDD)*

SECTION V - DISPOSITION *(To be completed by the Housing Office.)*

24. MILITARY HOUSING

a. APPLICATION RECEIVED *(YYMMDD and time)*	b. APPLICATION EFFECTIVE *(YYMMDD)*	c. DD FORM 1747 PROVIDED *(YYMMDD)*	d. HOUSING AVAILABILITY *(Boxes indicated on DD Form 1747)*
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT *(YYMMDD)*	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED *(YYMMDD)*

SECTION VI - HOUSING REFERRAL CERTIFICATE

On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.

In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.

25. SIGNATURE OF APPLICANT

26. DATE SIGNED *(YYMMDD)*