

APPLICATION FOR ASSIGNMENT TO HOUSING
(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)

OMB No. 0704-0705
Expires 20290131

SECTION I - APPLICANT INFORMATION

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. TYPE OF HOUSING PREFERENCE (X as applicable) (See Instructions for definitions)

Community Housing Privatized Housing DoD Owned/Leased Housing

2. APPLICANT/SPONSOR

a. NAME (Last, First, Middle Initial) b. PAY GRADE c. DoD ID d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT

3. MARITAL STATUS (X one)

Married Single Single with Dependent(s) (less than 50% time with) Single with Dependent(s) (50% or more time with)

4a. CURRENT ADDRESS (Street, City, State/Country, ZIP Code) 4b. CONTACT EMAIL ADDRESS(ES) (Duty Preferred; Personal-Optional) Government Email: Personal Email:

5. TELEPHONE NUMBERS (Include Area Code) TEXT TO CELL PERMITTED? (X if yes)

a. HOME b. DUTY (DSN or Commercial) c. CELL PHONE

6. STATUS OF APPLICANT (X one)

Military Member Military Spouse DoD Civilian Local / Foreign National

7. SEPARATED FROM DEPENDENTS: (X one)

Voluntarily Involuntarily N/A 8. REQUEST HOUSING FOR: (X one) Self and Dependents Self Only

9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT) (X one)

No Yes (If Yes, be prepared to show the POA when applying for housing.)

10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM 11a. INSTALLATION/ORGANIZATION TRANSFERRED TO

10b. LOSING UIC 11b. GAINING UIC

SECTION II - MEMBER INFORMATION

12. DATES (Enter dates in DDMMYYYY format) (1) Member (2) Dual Military Spouse (Enter dates in DDMMYYYY format) (1) Member (2) Dual Military Spouse
a. Date of Rank b. Date Entered Active Service c. Expiration of Obligated Service (EOS) d. Official Departure Date from losing duty station e. Official Report/Arrival Date at gaining duty station f. Estimated Family Arrival Date
g. Date of Birth h. Date of Marriage i. Projected Rotation Date (PRD) j. Special Housing Needs (wounded warrior, medical provider, etc.)

13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT b. DATE (DD/MM/YYYY)

SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT (If applicable)

14a. NAME (Last, First, Middle Initial) 14b. CONTACT EMAIL ADDRESS 14c. DoD ID
14d. CELL PHONE NUMBER TEXT TO CELL PERMITTED? (X if yes)
14e. INSTALLATION/ORGANIZATION 14f. UIC 14g. PAY GRADE

SECTION IV - DEPENDENT INFORMATION

15. AUTHORIZED DEPENDENTS RESIDING WITH ME (Continue on plain paper if more space is needed.)

Table with 5 columns: a. Name (Last, First, Middle Initial), b. Date of Birth (DDMMYYYY), c. Sex (M/F), d. Relationship, e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)

SECTION V - COMMUNITY HOUSING / HOUSING DATA

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

<input type="checkbox"/> Purchase House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Short Term	Other Details:
<input type="checkbox"/> Purchase Condominium	<input type="checkbox"/> Rent Apartment / Condominium	<input type="checkbox"/> Other	

17. MINIMUM PREFERENCES *(X and complete as applicable)*

a. Furnished <i>(X one)</i>	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other
<input type="checkbox"/> Yes <input type="checkbox"/> No				

18. SERVICE ANIMAL *(X and complete as applicable)*

a. Have? <i>(X one)</i>	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

19. PETS *(X and complete as applicable)*

a. Have Pets? <i>(X one)</i>	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

20. DATE HOUSING NEEDED *(DD/MM/YYYY)* **21. LOCATION PREFERENCE(S)** **22. PRICE RANGE**

23. REMARKS

DEROS:

Command Sponsorship Program Billet Number (If accompanied):

SECTION VI - HOUSING REFERRAL CERTIFICATE

24. I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list.

(Initial the applicable box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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25. I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.

(Initial the applicable box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION VII - SIGNATURE AND DATE

26a. SIGNATURE OF APPLICANT	26b. DATE <i>(DDMMYYYY)</i>
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SECTION VIII - DISPOSITION *(To be completed by the Gaining Military Housing Office)*

27. APPLICATION PLACEMENT

a. APPLICATION RECEIVED <i>(DDMMYYYY)</i>	b. APPLICANT HOUSING TYPE PLACEMENT <i>(X one)</i>		
	<input type="checkbox"/> Government Owned	<input type="checkbox"/> Government Leased	<input type="checkbox"/> Privatized <input type="checkbox"/> Community
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE <i>(DDMMYYYY)</i> <i>(if applicable)</i>		
e. APPLICANT PLACED ON WAITING LIST <i>(X one)</i>	f. WAITLIST ELIGIBILITY DATE <i>(DDMMYYYY)</i>	g. WAITLIST GRADE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
h. DATE UNIT ASSIGNED <i>(DDMMYYYY)</i>	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE <i>(Signature)</i>			l. DATE SIGNED <i>(DDMMYYYY)</i>

APPLICATION FOR ASSIGNMENT TO HOUSING**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 133b, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.02, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.03, Deputy Under Secretary of Defense for Acquisition and Sustainment (DUSD (A&S)); DoDM 4165.63, DoD Housing Management.

PRINCIPAL PURPOSE(S): To apply for assignment to housing. This information may also be used to determine eligibility for housing as well as determine the priority and appropriate waiting list.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. See the applicable system of records notice for a listing of the routine uses. NM 11101-1, family and Unaccompanied Housing Program, located at: <https://pclf.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/DOD-Component-Notices/DOD-Wide-Article-List/>

DISCLOSURE: Voluntary. However, failure to provide all information or correct information may result in our inability to assign you or your family to appropriate living quarters or provide housing services.

INSTRUCTIONS**GENERAL INSTRUCTIONS.**

This form provides the Military Housing Offices (MHO) with information that will be used to provide the applicant with community (off-base), privatized, or DoD owned/leased housing.

SECTION I - APPLICANT INFORMATION**1. Type of Housing Preference (definitions).**

Community Housing – Private-sector or off-base housing located within a defined market area. This does not include privatized housing units owned by privatized housing Providers on Military installations.

Privatized Housing – Family or unaccompanied housing acquired or constructed by a DoD privatized Housing Provider. This housing may be located on government owned land, or near military installations within the United States and its territories.

DoD Owned/Leased Housing – Family and unaccompanied housing that the DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as "Government-controlled housing". It does not include privatized housing.

2. Applicant.

- a. Enter applicant's legal name.
- b. Enter applicant's pay grade.
- c. Enter applicant's DoD ID # (located on your CAC).
- d. Enter DoD Component/Military Service Department.

3. – 8. Self-explanatory.

9. Power of Attorney (POA): To apply for housing in the service member's absence, a specific POA is required. The service member can obtain this legal document for the spouse from the installation's Legal Assistance Office. This POA authorizes the spouse to sign lease agreements and manage all related finances on the service member's behalf. The original POA document must be presented at the housing appointment.

10-11. Self-explanatory.**SECTION II – MEMBER INFORMATION.****12-13. Self-explanatory.****SECTION III – MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT****14. Self-explanatory.****SECTION IV – DEPENDENT INFORMATION****15. a-e. Self-explanatory.****SECTION V – COMMUNITY HOUSING / HOUSING DATA****16-23. Self-explanatory.****SECTION VI – HOUSING REFERRAL CERTIFICATE****24-25. Self-explanatory.****SECTION VII – SIGNATURE AND DATE****26. Self-explanatory.****SECTION VIII – DISPOSITION****27. Self-explanatory.**