

APPLICATION FOR ASSIGNMENT TO HOUSING						1. TYPE SERVICE DESIRED <i>(X one or both)</i>		
<i>(Before completing form, read Privacy Act Statement and instructions on reverse)</i>						a. MILITARY HOUSING	b. HOUSING REFERRAL	
SECTION I – APPLICANT INFORMATION								
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i> YOUR NAME:			3. PAY GRADE	4. SSN	5. DOD COMPONENT NAVY			
6. ADDRESS <i>(Street, City, State, Zip Code, Email)</i>			7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>			
HOME ADDRESS OF RECORD:			a. CELL		<input checked="" type="checkbox"/>	a. MILITARY MEMBER	c. CIVILIAN	
			b. HOME			b. MILITARY SPOUSE	d. FOREIGN NATIONAL	
			c. DUTY <i>(DSN)</i>		QUARTERDECK:			
9. MARITAL STATUS			10. I AM SEPARATED FROM MY DEPENDENTS <i>(x one)</i>					
SINGLE			<input checked="" type="checkbox"/>		a. VOLUNTARILY	b. INVOLUNTARILY		
6a. EMAIL								
11. I REQUEST HOUSING FOR <i>(x one)</i>				SECTION II – MILITARY CAREER INFORMATION <i>(Civilians skip to item 15)</i>				
<input checked="" type="checkbox"/>	a. SELF ONLY		N/A	B. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYMMDD order)</i>		
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM				MILITARY APPLICANTS		MILITARY SPOUSE		
13. INSTALLATION/ORGANIZATION TRANSFERRED TO				a. EFFECTIVE RANK/RATE DATE		N/A		
CURRENT COMMAND:				b. ACTIVE DUTY SERVICE COMPUTATION		N/A		
				c. TIME REMAINING ON ACTIVE DUTY		N/A		
				d. EFFECTIVE CHANGE IN DUTY STATION		N/A		
				e. REPORT DATE		N/A		
				f. ESTIMATED FAMILY ARRIVAL DATE		N/A		
SECTION III - DEPENDENT DATA								
15. DEPENDENTS RESIDING WITH ME <i>(If more space needed, continue on plain paper)</i>								
a. NAME <i>(Last, First, Middle Initial)</i>			b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>		
N/A								
N/A								
N/A								
N/A								
N/A								
SECTION IV - HOUSING DATA								
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>								
N/A	a. PURCHASE HOUSE		N/A	d. RENT HOUSE		N/A	j. ROOM AND BOARD	
N/A	b. PURCHASE CONDOMINIUM		N/A	c. RENT APARTMENT		N/A	k. SUBLET	
N/A	c. PURCHASE MOBILE HOME		N/A	d. RENT MOBILE HOME		N/A	l. TRANSIENT	
17. AMENITIES DESIRED <i>(X as applicable. Write in d. and e.)</i>				18. DATE HOUSING NEEDED <i>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>		
N/A	a. FURNISHED		N/A	e. NO. BATHS		N/A		
N/A	b. UNFURNISHED		N/A	d. PETS <i>(Allowed) see h, i and j</i>				
N/A	c. AIR CONDITIONING		N/A	g. OTHER <i>(Explain)</i>				
N/A	d. NO. BEDROOMS		N/A	20. LOCATION PREFERENCE <i>(Community Housing)</i>				
PETS	NONE ALLOWED	h. NUMBER OF DOGS		N/A	i. WEIGHT	N/A	j. NUMBER OF CATS	
21. REMARKS								
DEPARTMENT / DIVISION:				VEHICLE INFORMATION:				
DATE OF BIRTH:				MAKE:				
EMAIL ADDRESS:				MODEL & COLOR:				
				YEAR:				
				STATE TAGGED IN:				
22. SIGNATURE OF APPLICANT						23. DATE SUBMITTED <i>(YYMMDD)</i>		
SECTION V - DISPOSITION <i>(To be completed by the Housing Office)</i>								
24. MILITARY HOUSING								
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>		b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>		c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>		d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>		
N/A						N/A		
e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>		g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>		
N/A				N/A				
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 brief 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 the reason to believe I am being discriminated against, I will promptly notify the Housing Office.				
								25. SIGNATURE OF APPLICANT