

APPLICATION FOR HOUSING ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
 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 I APPLICANT INFORMATION

LAST NAME:	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (MM-DD-YY)	DATE OF RANK (MM-DD-YY)	ENLISTMENT DATE:
ADDRESS (PREVIOUS OR HOME OF RECORD): STREET			CITY	STATE	ZIP CODE
PAY GRADE	BRANCH OF SERVICE		SOCIAL SECURITY NUMBER		DATE HOUSING NEEDED (MM-DD-YY)
TELEPHONE# (HOME):	TELEPHONE# (DUTY):	TELEPHONE# (MOBILE):		E-MAIL ADDRESS	
ANY "EFMP" FAMILY MEMBERS?		REPORT NLT DATE (@ SCOTT AFB):		PROMOTABLE ? (DO YOU HAVE A LINE #)	

STATUS OF APPLICANT:

MARITAL STATUS: _____ TOTAL NUMBER OF OCCUPANTS: _____
 DUAL MILITARY: _____ ESTIMATED BAH RATE: \$ _____
 IF YES, SERVICE MEMBERS NAME: _____ PAY GRADE: _____ BRANCH OF SERVICE: _____
 ORGANIZATION / UNIT TRANSFERRED FROM: _____
 ORGANIZATION / UNIT TRANSFERRED TO: _____
 DO YOU HAVE PETS? _____ How Many: 0 Type: _____ Weight: _____ Lbs
(MAXIMUM OF 2 PETS PER HOUSEHOLD)

SECTION II DEPENDENT DATA (Proof of Date of Birth will be required)

DEPENDENTS RESIDING WITH MILITARY MEMBER: (If more space is needed, continue on back)

NAME First name - Middle Initial - Last name	RELATIONSHIP	GENDER	DATE OF BIRTH (MM-DD-YY)	SOCIAL SECURITY #

SECTION III EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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SECTION IV OTHER INFORMATION

SPECIAL REQUESTS / COMMENTS: (Pertaining to Housing Assignments or Basic Allowance for Housing matters)

SECTION V HOW DID YOU HEAR ABOUT US ?

- | | | |
|---|--|--|
| <input type="checkbox"/> REFERRED BY A RESIDENT - NAME: _____ | <input type="checkbox"/> AHRN | <input type="checkbox"/> REFERRED BY ANOTHER INSTALLATION...
WHICH ONE? _____ |
| <input type="checkbox"/> SEARCH ENGINE - WHICH ONE? _____ | <input type="checkbox"/> WALK-IN | <input type="checkbox"/> INSTALLATION'S MAIN WEBSITE LINK |
| <input type="checkbox"/> NEWSPAPER AD - WHICH PAPER? _____ | <input type="checkbox"/> COMMUNITY WEBSITE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> BROCHURE/FLYER - WHERE DID YOU SEE IT? _____ | <input type="checkbox"/> REFERRED BY COMMAND | |
| <input type="checkbox"/> SIGN - WHICH ONE (LOCATION)? _____ | | |

SIGNATURE OF APPLICANT / DATE

SECTION VI DISPOSITION (To be completed by Housing Office)

DATE APPLICATION RECEIVED: _____ ELIGIBILITY DATE: _____
 HOUSING QUALIFIED FOR: _____ SIZE: 2 BR 3 BR 4 BR Other: _____
 DATE HOUSING ASSIGNED: _____ ADDRESS ASSIGNED: _____

 SIGNATURE OF HOUSING CONSULTANT

 DATE