

Complete circled items only and fax to (401) 841-6469

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
		a. MILITARY HOUSING	b. HOUSING		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <i>(YOUR Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN	5. DOD COMPONENT	
6. ADDRESS <i>(Street, City, State, Zip Code)</i>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	a. MILITARY MEMBER	c. CIVILIAN
		9. MARITAL STATUS	10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>		
			a. VOLUNTARILY	b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <i>(X one)</i>		SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>			
a. SELF ONLY	b. SELF AND DEPENDENTS	14. DATES <i>(Enter in YYMMDD order)</i>		MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		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 <i>(If more space is 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>
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>					
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 <i>(X as applicable. Write number in d. and e.)</i>		18. DATE HOUSING NEEDED <i>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>	
a. FURNISHED		e. NO. BATHS			
b. UNFURNISHED		f. PETS <i>(Allowed)</i>			
c. AIR CONDITIONING		g. OTHER <i>(Explain)</i>			
d. NO. BEDROOMS					
20. LOCATION PREFERENCE <i>(Community Housing)</i>					
21. REMARKS					
**Pets: Please list type (dog or cat) and number of each _____					
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>	
e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>	
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 <i>(YYMMDD)</i>