

Joint Base Anacostia-Bolling Housing Services Center



21 MacDill Boulevard
Washington, DC 20032
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JBABHousing@navy.mil

RENTAL PARTNERSHIP PROGRAM APPLICATION

Name (Last, First, Middle Initial)			
Social Security Number		Date of Birth (MMDDYYYY)	Marital Status <input type="checkbox"/> Family <input type="checkbox"/> Bachelor <input type="checkbox"/> Single w/ Dependent
Branch of Service	Service Start Date(MMY)	Pay Grade/Rank	Date of Rank(MMY)
Command Name		UIC	Report Date (MMDDYYYY)
Work Phone	Work Email Address		
Home/Cell Phone	Home Email Address		
Emergency Contact Name: _____			
Emergency Contact Number(s): _____			
Emergency Contact Email: _____			
Have you ever lived or currently residing under RPP or PPV? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide name of RPP/PPV Property: _____			
If yes, provide current lease expiration or move-out date: _____			
If yes, is this a lease renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are you relocating to another RPP /PPV Property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Signature and Date			

FOR OFFICIAL HOUSING SERVICE CENTER USE ONLY

Check All Information Collected and/or Issued:	
<input type="checkbox"/> CHIT <input type="checkbox"/> Entered into eMH <input type="checkbox"/> ID Verified exp. date _____ <input type="checkbox"/> LES <input type="checkbox"/> LOI <input type="checkbox"/> MAC <input type="checkbox"/> Orders <input type="checkbox"/> SoU	
Application Processed By:	Date:

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements
ROUTINE USE: None
DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the inability to assist you.

