

| 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> | | 3. PAY GRADE | 4. SSN | | 5. DOD COMPONENT |
| 6. ADDRESS <i>(Street, City, State, Zip Code, Email)</i> | | 7. TELEPHONE NUMBER | | 8. STATUS OF APPLICANT <i>(X one)</i> | |
| | | a. CELL | | a. MILITARY MEMBER | c. CIVILIAN |
| | | b. HOME | | b. MILITARY SPOUSE | d. FOREIGN NATIONAL |
| | | c. DUTY <i>(DSN)</i> | | | |
| | | 9. MARITAL STATUS | 10. I AM SEPARATED FROM MY DEPENDENTS <i>(x one)</i> | | |
| 6a. EMAIL | | | 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> |
| 12. INSTALLATION/ORGANIZATION TRANSFERRED FROM | | | MILITARY APPLICANTS | | MILITARY SPOUSE |
| | | | a. EFFECTIVE RANK/RATE DATE | | |
| | | | b. ACTIVE DUTY SERVICE COMPUTATION | | |
| | | | c. TIME REMAINING ON ACTIVE DUTY | | |
| 13. INSTALLATION/ORGANIZATION TRANSFERRED TO | | | 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 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> |
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| SECTION IV - HOUSING DATA | | | | | |
| 16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i> | | | | | |
| a. PURCHASE HOUSE | | d. RENT HOUSE | | g. RENT MOBILE SPACE | |
| b. PURCHASE CONDOMINIUM | | c. RENT APARTMENT | | h. SHARE | |
| c. PURCHASE MOBILE HOME | | d. RENT MOBILE HOME | | i. RENT ROOM | |
| | | | | j. ROOM AND BOARD | |
| | | | | k. SUBLET | |
| | | | | 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> |
| a. FURNISHED | | e. NO. BATHS | | | |
| b. UNFURNISHED | | d. PETS <i>(Allowed) see h, l and j</i> | | | |
| c. AIR CONDITIONING | | g. OTHER <i>(Explain)</i> | | 20. LOCATION PREFERENCE <i>(Community Housing)</i> | |
| d. NO. BEDROOMS | | | | | |
| PETS | h. NUMBER OF DOGS | i. WEIGHT | j. NUMBER OF CATS | | |
| 21. REMARKS | | | | | |
| | | | | | |
| 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 brief on (1) the services provided by the Housing Office. | | | 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. | | |
| (2) the DOD program on equal opportunity for military personnel in Off-base housing, and (3) nondiscrimination based on physical or mental handicaps. | | | 25. SIGNATURE OF APPLICANT | | 26. DATE SIGNED <i>(YYMMDD)</i> |
| | | | | | |

APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
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 our inability to assist you.

GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. All items not listed are self-explanatory. SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

Enter complete current address (*street number and name, apartment number, city, state/country, the 9-digit ZIP code, Email,*).

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

SECTION II - MILITARY CAREER INFORMATION

14. DATES (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (May 17, 1993, would be entered as 930517).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
- Enter your official report date (*from your PCS orders*).
- Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

SECTION IV - HOUSING DATA

16 - 21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

SECTION V - DISPOSITION (*To be completed by the Housing Office*)

24. MILITARY HOUSING

a. Application Received. Enter the year, month, day and time the application was received in the Housing Office.

b. **Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*)

c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.

d. **Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.

e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.

f. **Effective Placement.** The effective date and time of the applicant's placement on the list(s).

g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.

h. **Date Unit Assigned.** Enter the date the unit was assigned.

ADDENDUM A

Sex Offender Policy Acknowledgement & Disclosure Form (FH/BH/PPV)

**Subject: Policy on Assignment of Registered Sex Offenders to Navy Owned,
Leased, or Privatized Housing**

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. § 5013; 10 U.S.C. § 5041, 10 U.S.C. § 2831, DoD 4165.63-M, and E.O. 9397 (SSN).

Principal Purposes: To determine an individual's eligibility for Navy housing, including privatized housing.

Routine Uses: Used by region and installation housing office personnel to determine eligibility for Navy housing; and by private partners who operate privatized Navy housing for management and operational purposes.

Disclosure: Voluntary; however, failure to provide the requested information may impact eligibility for Navy housing, including privatized housing.

Policy Statement: In accordance with OPNAVINST 1752.3 and CNICINST 5009.5, to the maximum extent permitted by law or otherwise waived by Commander, Navy Installation Command (CNIC) or the Chief of Naval Personnel (CNP), sex offenders are to be identified & prohibited from accessing Navy facilities and occupying Navy owned, leased, or PPV housing.

Sex Offender Definition: Any person having been convicted of a criminal offense requiring registration per the National Guidelines for Sex Offender Registration and Notification Act (SORNA)(42 U.S.C. §§ 16901-16962).

NOTICE OF REQUIREMENT TO DISCLOSE

1. Military sponsors requesting assignment to Navy owned, leased or privatized housing are required to sign this acknowledgment and disclosure form. INITIAL _____
2. Occupancy of Navy owned, leased or privatized housing will not be approved for otherwise eligible applicants if the applicant, any authorized dependent, or live-in aide, residing in the home, is a sex offender. INITIAL _____
3. Anyone discovered to be a sex offender in the application process shall be denied access to Navy owned, leased or privatized housing. INITIAL _____
4. Anyone found to be a sex offender after taking occupancy may lose the privilege of residing in Navy owned, leased or privatized housing, may be barred from the installation, and/or may be evicted, and may be required to pay all relocation expenses unless prohibited by law or otherwise waived by competent authority. INITIAL _____
5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supporting OGC/SJA offices, to include a copy of the applicant's DD 1746 and this Acknowledgement and Disclosure form. All information will be forwarded to CNIC within two working days. INITIAL _____
6. Anyone found to have falsely certified this Acknowledgement shall be referred for barment or eviction, as appropriate, and may be responsible for relocation expenses. INITIAL _____
7. Denial of an application for assignment to Navy owned, leased or privatized housing under the applicable policy, may be appealed to the Secretary of the Navy, via the military sponsor's chain of command. INITIAL _____

Certification: I have read and understand the above policy. By my signature below, I certify that under a penalty of administrative action and/or prosecution for making a false official statement in violation of 18 U.S.C. § 1001 and/or Uniform Code of Military Justice, Article 107, that neither I nor any person living in my household is a registered/convicted sex offender. I understand I am required to notify the Navy's Housing Office and the Installation Security Office immediately if circumstances change so that this certification is no longer true.

| | |
|-------------------|----------------|
| | |
| <i>Signature</i> | <i>Date</i> |
| | |
| <i>Print Name</i> | <i>Command</i> |