



APPLICATION FOR HOUSING

Section I Applicant Information

How did you hear about us: ___ Web ___ Housing Office ___ Sponsor ___ Current Resident ___ Other _____

Military Member's Info (Highest Ranking):

*Social Security No:		*Last Name:		* First Name:		*MI:	
*Address: (previous or home of record)			*City:		*State:	*Zip Code	* Past Installation:
*Branch of Service:	*Rank/Grade:	*Date of Rank:	*Date of Birth:	*Gender:	*Incoming Unit Assignment:		
*Primary Phone Number:		Secondary Phone:		Military Email:			
*Preferred or Secondary Email Address:			*Date Housing Needed:			*Date Clearing Prior Installation:	

Section II Household Data (Proof of Dependent Status and Eligibility Required)

Dependents residing with military member: Please provide SSN for dual military member ONLY.

Last Name	First Name	M.I.	Relationship	Gender	D.O.B.	S.S.N.
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		

Additional Information

Village Preference:		#2	#3
#1			
Pets?: (maximum 4 pets) How Many? _____ Type/Breed: _____			*Status of Applicant: ___ Married ___ Divorced ___ Single ___ *GEO Bach ___ Dual Military: ___ Yes ___ No
Do you or your dependents require any special accommodations? ___ No ___ Yes: _____ *If yes, please provide management with additional information regarding your special housing needs.			

Emergency Contact

Name	Address	City, State, Zip	Phone

Applicant Signature: _____ **Date:** _____

For Office Use Only:

Date of Application:	Date Placed on Waitlist:	Size:	Village:
Date Housing Assigned:	Address Assigned:		Coordinators Initials/Date:
Notes:			