

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> <i>(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)</i>	OMB No. 0704-0705 Expires 20290131
---	---------------------------------------

**SECTION I - APPLICANT INFORMATION**

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.  
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**

**1. TYPE OF HOUSING PREFERENCE** (X as applicable) (See Instructions for definitions)

Community Housing       Privatized Housing       DoD Owned/Leased Housing

**2. APPLICANT/SPONSOR**

a. NAME (Last, First, Middle Initial)	b. PAY GRADE	c. DoD ID	d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT
---------------------------------------	--------------	-----------	--

**3. MARITAL STATUS** (X one)

Married       Single       Single with Dependent(s) (less than 50% time with)       Single with Dependent(s) (50% or more time with)

4a. CURRENT ADDRESS (Street, City, State/Country, ZIP Code)	4b. CONTACT EMAIL ADDRESS(ES) (Duty Preferred; Personal Optional)
---	---

**5. TELEPHONE NUMBERS** (Include Area Code)      **TEXT TO CELL PERMITTED?** (X if yes)

a. HOME	b. DUTY (DSN or Commercial)	c. CELL PHONE
---------	-----------------------------	---------------

**6. STATUS OF APPLICANT** (X one)

Military Member       Military Spouse       DoD Civilian       Local / Foreign National

**7. SEPARATED FROM DEPENDENTS:** (X one)

Voluntarily       Involuntarily       N/A

**8. REQUEST HOUSING FOR:** (X one)

Self and Dependents       Self Only

**9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT)** (X one)

No       Yes (If Yes, be prepared to show the POA when applying for housing.)

10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM	11a. INSTALLATION/ORGANIZATION TRANSFERRED TO
10b. LOSING UIC	11b. GAINING UIC

**SECTION II - MEMBER INFORMATION**

12. DATES (Enter dates in DDMMYYYY format)	(1) Member	(2) Dual Military Spouse	(Enter dates in DDMMYYYY format)	(1) Member	(2) Dual Military Spouse
a. Date of Rank			g. Date of Birth		
b. Date Entered Active Service			h. Date of Marriage		
c. Expiration of Obligated Service (EOS)			i. Projected Rotation Date (PRD)		
d. Official Departure Date from losing duty station			j. Special Housing Needs (wounded warrior, medical provider, etc.)		
e. Official Report/Arrival Date at gaining duty station					
f. Estimated Family Arrival Date					

**13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA**

I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT	b. DATE (DD/MM/YYYY)
---------------------------	----------------------

**SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT (If applicable)**

14a. NAME (Last, First, Middle Initial)	14b. CONTACT EMAIL ADDRESS	14c. DoD ID
14d. CELL PHONE NUMBER	TEXT TO CELL PERMITTED? (X if yes)	
14e. INSTALLATION/ORGANIZATION	14f. UIC	14g. PAY GRADE

**SECTION IV - DEPENDENT INFORMATION**

**15. AUTHORIZED DEPENDENTS RESIDING WITH ME** (Continue on plain paper if more space is needed.)

a. Name (Last, First, Middle Initial)	b. Date of Birth (DDMMYYYY)	c. Sex	d. Relationship	e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)
		<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		

**SECTION V - COMMUNITY HOUSING / HOUSING DATA**

**16. COMMUNITY HOUSING DESIRED** (*X as applicable*)

<input type="checkbox"/> Purchase House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Short Term	Other Details:
<input type="checkbox"/> Purchase Condominium	<input type="checkbox"/> Rent Apartment / Condominium	<input type="checkbox"/> Other	

**17. MINIMUM PREFERENCES** (*X and complete as applicable*)

a. Furnished ( <i>X one</i> )	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**18. SERVICE ANIMAL** (*X and complete as applicable*)

a. Have? ( <i>X one</i> )	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**19. PETS** (*X and complete as applicable*)

a. Have Pets? ( <i>X one</i> )	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**20. DATE HOUSING NEEDED** (DD/MM/YYYY)    **21. LOCATION PREFERENCE(S)**    **22. PRICE RANGE**

**23. REMARKS**

**SECTION VI - HOUSING REFERRAL CERTIFICATE**

**24.** I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list.

(Initial the applicable box)     Yes     No     N/A

**25.** I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.

(Initial the applicable box)     Yes     No

**SECTION VII - SIGNATURE AND DATE**

<b>26a. SIGNATURE OF APPLICANT</b>	<b>26b. DATE</b> (DDMMYYYY)
------------------------------------	-----------------------------

**SECTION VIII - DISPOSITION** (*To be completed by the Gaining Military Housing Office*)

**27. APPLICATION PLACEMENT**

a. APPLICATION RECEIVED (DDMMYYYY)	b. APPLICANT HOUSING TYPE PLACEMENT ( <i>X one</i> )		
	<input type="checkbox"/> Government Owned	<input type="checkbox"/> Government Leased	<input type="checkbox"/> Privatized <input type="checkbox"/> Community
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE (DDMMYYYY) ( <i>if applicable</i> )		
e. APPLICANT PLACED ON WAITING LIST ( <i>X one</i> )	f. WAITLIST ELIGIBILITY DATE (DDMMYYYY)	g. WAITLIST GRADE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
h. DATE UNIT ASSIGNED (DDMMYYYY)	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE ( <i>Signature</i> )			l. DATE SIGNED (DDMMYYYY)

## APPLICATION FOR ASSIGNMENT TO HOUSING

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 133b, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.02, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.03, Deputy Under Secretary of Defense for Acquisition and Sustainment (DUSD (A&S)); DoDM 4165.63, DoD Housing Management.

**PRINCIPAL PURPOSE(S):** To apply for assignment to housing. This information may also be used to determine eligibility for housing as well as determine the priority and appropriate waiting list.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. See the applicable system of records notice for a listing of the routine uses. NM 11101-1, family and Unaccompanied Housing Program, located at: <https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/DOD-Component-Notices/DOD-Wide-Article-List/>

**DISCLOSURE:** Voluntary. However, failure to provide all information or correct information may result in our inability to assign you or your family to appropriate living quarters or provide housing services.

## INSTRUCTIONS

**GENERAL INSTRUCTIONS.**

This form provides the Military Housing Offices (MHO) with information that will be used to provide the applicant with community (off-base), privatized, or DoD owned/leased housing.

**SECTION I - APPLICANT INFORMATION****1. Type of Housing Preference (definitions).**

*Community Housing* – Private-sector or off-base housing located within a defined market area. This does not include privatized housing units owned by privatized housing Providers on Military installations.

*Privatized Housing* – Family or unaccompanied housing acquired or constructed by a DoD privatized Housing Provider. This housing may be located on government owned land, or near military installations within the United States and its territories.

*DoD Owned/Leased Housing* – Family and unaccompanied housing that the DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as “Government-controlled housing”. It does not include privatized housing.

**2. Applicant.**

- a. Enter applicant's legal name.
- b. Enter applicant's pay grade.
- c. Enter applicant's DoD ID # (located on your CAC).
- d. Enter DoD Component/Military Service Department.

**3. – 8.** Self-explanatory.

**9. Power of Attorney (POA):** To apply for housing in the service member's absence, a specific POA is required. The service member can obtain this legal document for the spouse from the installation's Legal Assistance Office. This POA authorizes the spouse to sign lease agreements and manage all related finances on the service member's behalf. The original POA document must be presented at the housing appointment.

**10-11.** Self-explanatory.

**SECTION II – MEMBER INFORMATION.**

**12-13.** Self-explanatory.

**SECTION III – MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT**

**14.** Self-explanatory.

**SECTION IV – DEPENDENT INFORMATION**

**15. a-e.** Self-explanatory.

**SECTION V – COMMUNITY HOUSING / HOUSING DATA**

**16-23.** Self-explanatory.

**SECTION VI – HOUSING REFERRAL CERTIFICATE**

**24-25.** Self-explanatory.

**SECTION VII – SIGNATURE AND DATE**

**26.** Self-explanatory.

**SECTION VIII – DISPOSITION**

**27.** Self-explanatory.

**COMMANDER, NAVY INSTALLATIONS COMMAND  
SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE**

**Privacy Act Statement**

Authority: 10 U.S.C. § 5013; 10 U.S.C. § 5041; 10 U.S.C. § 2831; 10 U.S.C. 113, Secretary of Defense; DoD 4165.63-M, DoD Housing Management; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 5200.08-R, Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos); Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files; and E.O. 9397 (SSN), as amended. System of Records Notice DMDC 16 DoD, Identity Management Engine for Security and Analysis (IMESA); and E.O. 9397. Principle 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, to the maximum extent permitted by law or otherwise waived by Commander, Navy Installations Command, 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 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

INITIAL

- |  |  |
|--|--|
| 1. Military sponsors requesting assignment to Navy owned, leased, or privatized housing are required to sign this acknowledgment and disclosure form.  |  |
| 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.   |  |
| 3. Anyone discovered to be a sex offender in the application process shall be denied access to Navy owned, leased, or privatized housing.  |  |
| 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. If eviction occurs you may be responsible for all relocation expenses.  |  |
| 5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supports SJA/OGC offices, to include a copy of the applicant's DD 1746 and this form. All information will be forwarded to CNIC within two working days. |  |
| 6. Anyone found to have falsely certified this Acknowledgment shall be referred for barment or eviction, as appropriate, and may be responsible for relocation expenses.   |  |
| 7. Denial of an application for assignment to Navy owned, leased or privatized housing under the applicable policy, may be appealed to the Region Commander via the military sponsor's chain of command.   |  |

**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 the 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 that 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Command