

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. DOD COMPONENT		
SECTION I - APPLICANT INFORMATION						
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		3. PAY GRADE		4. SSN (Full SSN Required)		
5. ADDRESS <i>(Street, City, State, Zip Code)</i>		6. TELEPHONE NUMBER		7. STATUS OF APPLICANT <i>(X one)</i>		
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(Commercial)</i>	a. MILITARY FAMILY	d. RETIRED MILITARY	
		8. MARITAL STATUS		c. DUTY <i>(DSN)</i>	b. SINGLE MILITARY	e. RETIRED DOD CIVILIAN
				c. DOD CIVILIAN	f. UNAFFILIATED CIVILIAN	
10. INSTALLATION/COMMAND TRANSFERRED FROM			SECTION II - MILITARY CAREER INFORMATION			
11. INSTALLATION/COMMAND TRANSFERRED TO			12. DATES <i>(Enter in MMDDYYYY order)</i>		MILITARY APPLICANT	MILITARY SPOUSE
			a. EFFECTIVE RANK/RATE DATE			
			b. ACTIVE DUTY SERVICE COMPUTATION			
			c. TIME REMAINING ON ACTIVE DUTY (EAOS)			
			d. EFFECTIVE CHANGE IN DUTY STATION			
			e. REPORT DATE			
			f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA						
13. DEPENDENTS RESIDING WITH ME <small>(If more space is needed, continue on plain paper.)</small>						
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (MMDDYYYY)	c. SEX	d. RELATIONSHIP	e. REMARKS (Handicap, health problems, EFM category, expected additions to family etc.) Documentation may be required.		
SECTION IV - REFERRAL INFORMATION						
Note: In the absence of the military member a Special Power of Attorney may be required to Accept PPV housing (Check with your local housing office)						
PETS: # of Dogs _____ (Weight) _____ # of Cats _____						
LEASE EXPIRES _____						
EMAIL ADDRESS _____						
CELL PHONE NUMBERS _____ Member _____ Spouse _____						
14. COMMENTS:						
15. SIGNATURE OF APPLICANT				16. DATE SUBMITTED		
SECTION V - FOR OFFICE USE ONLY						
a. APPLICATION RECEIVED	b. APPLICATION EFFECTIVE DATE	c. BEDROOMS REQUIRED	d. COUNSELED / ENTERED IN eFHa (DATE / INITIALS)			
e. HOUSING AVAILABILITY	f. APPLICATION CONFIRMATION / 1747	g. PR # DATE REFERRED	h. COURTESY MOVE ELIGIBILITY			

APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
PRINCIPAL PURPOSE: To identify customers housing requirements.
ROUTINE USE: None.
DISCLOSURE: Voluntary; however, failure to provide the requested information may 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 Public Private Venture (PPV) housing. **All items on the application not identified below are self-explanatory.** SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (REFERRAL INFORMATION) are to be completed by the applicant.

SECTION I - APPLICANT INFORMATION

1. DOD COMPONENT

Army, Navy, Air Force, Marines and Coast Guard.

5. ADDRESS

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

10. INSTALLATION/COMMAND TRANSFERRED FROM

Enter the name of the installation "Command" you transferred from.

11. INSTALLATION/COMMAND TRANSFERRED TO

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

SECTION II - MILITARY CAREER INFORMATION

12. DATES (Military Applications/Military Spouse Only)

Enter the following dates as MMDDYYYY. Oct 30, 2006 would be entered as 10302006

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
(Date member joined the service)
- Enter your end of active obligated service (EAOS) date.
- 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

13. DEPENDENTS RESIDING WITH ME

- through d. List requested data for all authorized dependents who will be residing with you.
- 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. (Documentation may be required)

SECTION IV - REFERRAL INFORMATION

Self-explanatory.

15. SIGNATURE

The sponsor must sign the DD Form 1746.

16. DATE SUBMITTED

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

SECTION V - FOR OFFICE USE

(To be completed by the Housing Office)

- Application Received.** Enter the month, day and year the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- Bedrooms Required.** Enter the number of bedrooms required, based on dependent data in Item 15
- Entered into eFHa date and initials.** Date and initial after information inputed into eFHa.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Application Confirmation / 1747 .** Enter the date that Application Confirmation/1747 was sent to the military applicant.
- PR number and date.** Enter appropriate area Preferred Referral number and date.
- Courtesy Move Eligibility .** Eligible Yes or No