

# BHMH WATERFALL TENANT APPLICATION

## APPLICANT INFORMATION

|                          |           |   |                 |                        |  |                        |  |
|--------------------------|-----------|---|-----------------|------------------------|--|------------------------|--|
| Last Name                |           | First Name                              |                 | MI                     | DOB M/D/Y  | Social Security Number |  |
| Current Address          |           |   | City/St         | Zipcode                | Date of Application  |                        |  |
| Email Address            |           |   |                 | Phone Number (Primary) |  |                        |  |
| Waterfall Category       |           | Pay Grade/Branch of Svc (If Applicable) |                 | Date of Rank           |  | Date Housing Needed    |  |
| Squadron/Unit/Contractor |           |   | Supervisor Name |                        | Duty Ph. #   |                        |  |
| Marital Status           |           | Total # Of Occupants                    |                 |                        | Rental Rate (OAD, Guard Reserve = Rank) All other categories= rank of home |                        |  |
|                          |           |   |                 |                        | \$ _____   |                        |  |
| Do you have pets?        | How many? | Pet Type                                | Breed           |                        | <b>PET LIMIT 2 NO EXCEPTIONS</b>   |                        |  |

## DEPENDENT INFORMATION

| DEPENDENTS RESIDING WITH APPLICANT Last, First, MI | RELATIONSHIP | GENDER | DOB M/D/Y |
|--|--------------|--------|-----------|
|  |              |        |           |
|  |              |        |           |
|  |              |        |           |
|  |              |        |           |
|  |              |        |           |
|  |              |        |           |
|  |              |        |           |

## EMERGENCY CONTACT INFORMATION

| NAME | PHONE # | STREET ADDRESS | CITY/ST | ZIPCODE |
|------|---------|----------------|---------|---------|
|      |         |                |         |         |

## RENTAL HISTORY

|                                |  |       |       |              |
|--------------------------------|--|-------|-------|--------------|
| Present Address                |  | City  | State | Zipcode      |
| Name of Property Owner/Manager |  | Phone |       | Move In Date |
| Previous Address               |  | City  | State | Zipcode      |
| Name of Property Owner/Manager |  | Phone |       | Move In Date |

Have you or your spouse/significant other ever been evicted? (Check One)     Yes     No

Have you or your spouse/significant other ever been sued for non payment of rent or damages to rental property (Check One)     Yes     No

**EMPLOYMENT/OTHER INCOME**

|                           |                          |                  |                  |
|---------------------------|--------------------------|------------------|------------------|
| Present Employer          |                          | How Long         | Work Ph.#        |
| Address                   |                          | City             | State<br>Zipcode |
| Gross Monthly Salary (\$) | Position Held/Occupation | Supervisors Name | Supervisors Ph.# |

Have you or your spouse ever declared bankruptcy? (Check One)     Yes     No

**REFERENCES**

|                       |              |         |             |
|-----------------------|--------------|---------|-------------|
| Name of Reference (1) | Relationship | Phone # | Years Known |
| Name of Reference (2) | Relationship | Phone # | Years Known |

**OTHER INFORMATION**

SPECIAL REQUESTS, SPECIAL NEEDS AND/OR COMMENTS

**HOW DID YOU HEAR ABOUT US?**

|  |              |
|--|--------------|
| Referred by Resident: Name of Resident   | Base Paper   |
| Brochure or Flyer: Where did you see it? | Walk In      |
| BHMH Website                             | Base Website |
| AHRN                                     | Other        |

**DISCLOSURE**

I HEREBY GIVE Boyer Hill Military Housing the authority to run my credit, criminal and background check. I understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction. I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

|  |                         |
|--|-------------------------|
| Date Application received: _____       | Eligibility Date: _____ |
| Housing Qualification: _____           | Bedroom Size: _____     |
| Date Housing Assigned: _____           | House # assigned: _____ |
| AF FORM 4422: _____                    | Informed HMO: _____     |
| Signature of BHMH Representative _____ | Date Signed _____       |

## SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT

*Attach to application for military, government-managed and privatized housing*

I, (print name) \_\_\_\_\_, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, *Application for Assignment to Housing*.

### POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

### PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

### CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

AF Form 4422 20100712