

HOUSING REQUEST COVER SHEET

REQUIRED DOCUMENTS FOR HOUSING REQUEST. ALL MUST BE SUBMITTED.

FORM

Housing Application _____

DEERS Application DD 1172 _____

Registered Sex Offender Policy _____

Privacy Act release form _____

Pet documentation/request form _____

Copy of **Active Duty** Orders _____

OR

Reservists Letter from command stating in good standing _____

Government employees Employment Verification Letter _____

Retirees need to submit DD214 and retired letter _____

ADDITIONALS IF NOT IN DEERS

Marriage Certificate (if newly married) _____

Birth Certificate(s) of children (if not listed on DEERS) _____

Custody Paperwork (if applicable) _____

Pregnancy Verification Letter from Primary Care Manager (if applicable) _____

General or Specific Power of Attorney (if applicable) _____

Must state the following paragraph:

6. ...: to sign for and clear government or other housing in the best interests of my family members and in accordance with the law and military regulation.

Spouse must sign as follows:

"Military Member's Signature" POA "Spouses" Signature"

E-MAIL JAMES.GRANDCHAMP@USMC.MIL
PHONE 413-331-3336
FAX 413-331-3208

MAIL: MILITARY HOUSING OFFICE
10 OUTER DRIVE
CHICOPEE, MA 01022

FOR HOUSING ONLY:

NAME: _____
PRIORITY: _____
MOVE IN DATE: _____
MUST SEE MHO: _____

DATE RECEIVED: _____
DATE RETURNED TO PARTNER: _____
DATE REFERRED: _____
REFERRED BY: _____

For Official Use Only – Privacy Act Data

APPLICATION FOR HOUSING

SSN: _____ Application Date: _____ / _____ / _____
Month Day Year
 Name: _____ Date of Birth: _____ / _____ / _____
Last First Middle Month Day Year

Pay Grade: _____ Date of Rank: _____ / _____ / _____ Gender: M/F Marital Status: _____
Month Day Year (Circle One)

Service Branch: _____ Active Duty, Reservist, DOD Employee, Retiree

Cellular Telephone: (_____) _____ - _____ (Circle One)
 Home Telephone: (_____) _____ - _____ Work Telephone: (_____) _____ - _____
 MIL Email: _____ Home Email: _____
 Local Unit Assignment: _____

Estimated Report/Arrival Date: _____ / _____ / _____
Month Day Year

Requested move in date (If different from report date): _____ / _____ / _____
Month Day Year

Estimated End of Tour Date: _____ / _____ / _____
Month Day Year

Are You Selected for Promotion? Yes/No

When you first joined the military _____ / _____ / _____
Month Day Year

What is your End of Service Date? _____ / _____ / _____
Month Day Year

Do you have pets? Explain _____

DEPENDENT INFORMATION

Name	Gender	Date of Birth	Relationship to You
_____	_____	_____ / _____ / _____ <small>Month Day Year</small>	_____
_____	_____	_____ / _____ / _____ <small>Month Day Year</small>	_____
_____	_____	_____ / _____ / _____ <small>Month Day Year</small>	_____
_____	_____	_____ / _____ / _____ <small>Month Day Year</small>	_____

Will the number of dependents you are responsible for change in the next 3 – 12 months? Yes/No

Do you have a family member enrolled in the EFMP? Yes/No

If yes, what are your EFMP requirements? _____

How did you hear about Westover Housing? _____

Signature: _____ Date: _____ / _____ / _____

MILITARY SPOUSE DATA

Name: _____ Pay Grade: _____ SSN: _____ - _____ - _____
Last First Middle

Date of Rank: _____ / _____ / _____ Service Branch: _____ Unit Assignment: _____



From:

To: Housing Manager, U.S. Marine Corps, Family Housing, Chicopee, MA

Subj: **PET AUTHORIZATION/REGISTRATION REQUEST**

1. I request permission to maintain a pet within my quarters. I understand that I must comply with the Marine Corps Order of which a copy is available for my review in your office. I also understand that non-Compliance will result in the termination of my pet privileges.

INT: _____

2. **Regulations allow only 2 (two) domestic pets per household in Atlantic Marine Communities at Westover. Written approval must be obtained from the Military Housing Office and Atlantic Marine Communities at Westover, prior to moving a pet into the home. Residents are required to provide documentation of rabies vaccinations, tag number, microchip and photo of pet before permission is granted. Pets are neither to run free nor be tied or chained to become a nuisance to other residents. LEASH LAW IS ENFORCED. No barnyard, exotic, or wild animals allowed. Violations of community standards may result in the loss of your pet privileges. Pets are to stay up to date on registration and rabies and provide the office with the new documents.** I understand that I am required to provide the Housing Office with a current copy of my pet's city license within 30 days of moving into housing and annually as required by state law. I further understand that non compliance is a violation of the stated policy, municipal law and a violation of both my lease and conditions of occupancy.

INT: _____

3. I understand that I have 30 days from my lease signing to obtain a City of Chicopee license for my dog. That failure to do so is a violation of the Military pet policy, violation of Municipal law and a violation of my lease and conditions of occupancy.

INT: _____

4. I understand that I am financially responsible for all damages caused by my pet, to include but not limited to, chewed woodwork, chewed blinds, urine stains, damaged screens, lawn damage, flea infestation and liability for unprovoked dog bites.

INT: _____

5. I understand that tethering (tying or chaining) of dogs is prohibited. Pets kept outdoors will be kept in a fenced area or in an approved kennel. I understand that I cannot tie or chain a dog in the basement of my quarters. In the event that I will be absent from quarters for over 24 hours I understand that I need to make provisions for the care of my pet and will not leave animals alone inside or outside my residence.

INT: ____

6. I understand that cats and dogs must wear their rabies tags and pet ID tag while outside and those dogs must wear their City License as well. When my pet is outside, I understand they will not be allowed to run at large, and they must be on a leash under the control of a mature responsible individual who will be able to control the actions of the animal. I agree to provide the housing office an up to date copy of the pet's license, Micro Chip information and rabies vaccination annually.

INT: ____

7. In the event that I terminate ownership of a registered pet, I understand that I will need to notify the Military Housing Office to remove the pet from my records and that prior to obtaining a NEW pet; I will submit a new request for Authorization/Registration.

INT: ____

8. I understand that maintaining an animal also means maintaining a clean yard clear of animal waste as per the Massachusetts Law, conditions of occupancy and my lease agreement.

INT: ____

9. I understand that I must pickup any animal dropping when walking my pet in common areas as per the Massachusetts Law, conditions of occupancy and my lease agreement.

INT: ____

10. I understand that if I neglect or physically abuse an animal or if I maintain an animal that is a Nuisance or is Destructive my pet privileges will be revoked. Furthermore, I understand that violations of the Pet Policy may cause or possibly result in removal of my pet from Westover Communities grounds.

INT: ____

11. I understand that the following information is required upon application, and that my lease signing may be postponed if I have not complied with this requirement.

INT: ____

12. A brief description of my pet is as follows:

a. BREED _____
b. Birth year _____
c. Gender _____
d. NAME _____
e. COLOR _____
f. WEIGHT _____
g. RABIES TAG NUMBER _____
h. RABIES EXPIRATION _____
i. MICROCHIP # _____

a. BREED _____
b. Birth year _____
c. Gender _____
d. NAME _____
e. COLOR _____
f. WEIGHT _____
g. RABIES TAG NUMBER _____
h. RABIES EXPIRATION _____
i. MICROCHIP # _____

INT: _____

Acknowledgment of pet policy of residents with out pets.

13. I do not have any pets at this time. I understand the requirement to request pet privileges prior to buying and bringing a pet onto Westover community's property or into my leased quarters and grounds.

You must sign this line. _____

PLEASE REMEMBER:

Documents with proof of rabies vaccination, microchip embedding and current photo are required to be submitted as well.

SERVICE MEMBERS NAME

SIGNATURE (DATE YYYYMMDD)

UNIT ASSIGNED

PRINT SUPERVISORS NAME
AND NUMBER

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN
PRINCIPAL PURPOSE (S): This request for your private information, including social security number and personal history information, is made to assist our office in determining eligibility for services, compliance with state and federal law, and related purposes.

ROUTINE USE (S): Information provided is used to assign personnel to housing, perform necessary background checks, and for other lawful purposes.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of SSN and personal historical information is voluntary and there will be no adverse consequence from refusal to disclose. However, refusal to establish eligibility may preclude assignment to housing.

ADDENDUM TO HOUSING APPLICATION FORM DD 1746

Have you, or any member of your household for whom you seek authorized housing under this application, ever been charged with, convicted of, or pleaded no contest to any criminal charge related to a sexual offense?

Y N

Have you, or any member of your household for whom you seek authorized housing under this application, ever been required to register as a sex offender under the laws of the United States or any state?

Y N

Is any member of your household for whom you seek authorized housing under this application, a registered sex offender?

Y N

If you answered "Yes" to any of the above questions, please list dates, locations, violations & resolution. Provide all details of any requirements to register as a sex offender. Use reverse side if necessary.

CERTIFICATION OF APPLICANT

I hereby certify that all responses contained herein are true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

Signature: _____ Date: _____

Printed Name: _____

PRIVACY ACT RELEASE FORM

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this family housing application to the **Marine Corps Public-Private Venture Partner, Tri-Command Communities (TCC)**, for purposes of placement on the family housing waiting list and placement in a public-private venture home.

Name (please print): _____

Signature: _____

Date: _____