| STATUS OF HOUSING AVAILABILITY | | | | | | | | | | |
|---|---|---|--|----------------------------|------|--|---------|--|--|--|
| FROM: Family Housing Office Installation Name | | 2. TO: Applicant's Name (Last, First, MI) | | | | | | | | |
| | | 3. YOUR APPLICATION FOR MILITARY FAMILY | | | | | | | | |
| b. Phone (DSN) (Commercial) | HOUSING WILL BE EFFECTIVE (Day, Mo, Yr, | | | | | | | | | |
| 4. YOU ARE ADVISED THAT: a. You can expect military family housing to be available | | | | | | | | | | |
| (1) Immediately upon your arrival | | | (3) Within 12 months of your arrival | | | | | | | |
| (2) Within approximately 30 days of your arrival | | | (4) After 12 months or more, or not at all | | | | | | | |
| 4b. Considering the availability of family housing you | | | (1) Temp | | | | | | | |
| should make alternative housing arrangements t | | | (2) Semi-Perm | | | | | | | |
| will be | | | (3) Permanent | | | | | | | |
| c. Comments | | | | | | | | | | |
| 5. HOUSING AVAILABILITY IN THE COMMUNITY | IS: | | Good | | Fair | | Limited | | | |
| 6. YOU MUST CONTACT THE FAMILY HOUSING OFFICE (housing referral) UPON ARRIVAL BEFORE YOU MAKE HOUSING ARRANGEMENTS, AND TO BE INFORMED OF ANY CHANGES TO THE ABOVE. | | | | | | | | | | |
| 7. SIGNATURE (Family Housing Office Representative) | | | | 8. DATE (Day, Month, Year) | | | | | | |

DD Form 1747, SEP 93

Previous editions are obsolete.