

APPLICATION FOR HOUSING ASSIGNMENT

APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MI:	DOB (MM-DD-YY):	SOCIAL SECURITY NUMBER:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:				PHONE (PRIMARY):	
PAY GRADE:	BRANCH OF SERVICE:			DATE HOUSING NEEDED (MM-DD-YY):	
ANY "EFMP" FAMILY MEMBERS?	CURRENT DEPARTING DATE:	REPORT NLT DATE:	PROMOTABLE? DO YOU HAVE A LINE #?		

STATUS OF APPLICANT

MARITAL STATUS: _____ TOTAL NUMBER OF OCCUPANTS: _____
 DUAL MILITARY?: _____ DATE OF RANK: _____

IF YOU ANSWERED YES TO DUAL MILITARY, PLEASE ANSWER THE FOLLOWING FOR THE OTHER SERVICE MEMBER:

SERVICE MEMBERS NAME: _____ PAY GRADE: _____
 BRANCH OF SERVICE: _____

ORGANIZATION/UNIT TRANSFERRED FROM: _____

ORGANIZATION/UNIT TRANSFERRED TO: _____

DO YOU HAVE PETS? _____ HOW MANY? _____ TYPE: _____ WEIGHT: _____

(MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: _____ WEIGHT: _____

DEPENDENT DATA (PROOF OF DOB IS REQUIRED)

DEPENDENTS RESIDING WITH THE MILITARY MEMBER NAME FIRST - MI - LAST	RELATIONSHIP	GENDER	DOB	SOCIAL SECURITY #

EMERGENCY CONTACT INFORMATION

NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

RENTAL HISTORY

PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME OF PROPERTY OWNER OR MANAGER:	PHONE:	MOVE IN DATE:	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME OF PROPERTY OWNER OR MANAGER:	PHONE:	MOVE IN DATE:	
HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED? (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU OR YOUR SPOUSE EVER BEEN SUED FOR NONPAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT / OTHER INCOME

PRESENT EMPLOYER:	HOW LONG:	WORK PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
GROSS MONTHLY SALARY (\$):	POSITION HELD / OCCUPATION:	SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:
PREVIOUS EMPLOYER:	HOW LONG:	WORK PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
GROSS MONTHLY SALARY (\$):	POSITION HELD / OCCUPATION:	SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:
DISCLOSURE OF ADDITIONAL INCOME SUCH AS CHILD SUPPORT ALIMONY, SOCIAL SECURITY, WELFARE, ETC. IS MANDATORY IF APPLYING FOR GOVERNMENT REGULATED HOUSING. OTHERWISE DISCLOSURE IS VOLUNTARY IF YOU WISH TO HAVE IT CONSIDERED IN THE DETERMINATION OF YOUR QUALIFICATION.			
AMOUNT OF \$: _____ PER: _____ SOURCE: _____			
AMOUNT OF \$: _____ PER: _____ SOURCE: _____			

HAVE YOU OR YOUR SPOUSE EVER DECLARED BANKRUPTCY? (CHECK ONE) YES NO

HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF, OR PLED GUILTY TO ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (CHECK ONE) YES _____ NO _____

BANK AND CREDIT REFERENCES

NAME OF BANK:	CHECKING ACCOUNT NUMBER:	SAVINGS ACCOUNT NUMBER:
NAME OF BANK:	CHECKING ACCOUNT NUMBER:	SAVINGS ACCOUNT NUMBER:
CREDIT REFERENCE:	ACCOUNT NUMBER:	
CREDIT REFERENCE:	ACCOUNT NUMBER:	

OTHER INFORMATION

SPECIAL REQUESTS / COMMENTS (PERTAINING TO HOUSING ASSIGNMENTS OR BASIC ALLOWANCE FOR HOUSING MATTERS):

HOW DID YOU HEAR ABOUT US?

CHECK THOSE THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> AHRN | <input type="checkbox"/> REFERRED BY A RESIDENT → NAME: _____ |
| <input type="checkbox"/> WALK IN | <input type="checkbox"/> REFERRED BY ANOTHER INSTALLATION → WHICH ONE: _____ |
| <input type="checkbox"/> COMMUNITY WEBSITE | <input type="checkbox"/> SEARCH ENGINE → WHICH ONE: _____ |
| <input type="checkbox"/> REFERRED BY COMMAND | <input type="checkbox"/> BROCHURE / FLYER → WHERE DID YOU SEE IT?: _____ |

CORRECT INFORMATION

I HEREBY GIVE THE MANAGEMENT/OWNER THE AUTHORITY TO INVESTIGATE MY CREDIT RATING, MY CURRENT AND PAST RENTAL RECORD, MY POLICE RECORD (IF ANY), AND ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY. 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.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

SIGNATURE OF APPLICANT / DATE

DISPOSITION (TO BE COMPLETED BY HOUSING OFFICE)

DATE APPLICATION RECEIVED: _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE (# OF BEDROOMS): _____
DATE HOUSING ASSIGNED: _____	ADDRESS ASSIGNED: _____

SIGNATURE OF HOUSING CONSULTANT / DATE

MEMORANDUM FOR POTENTIAL DOVER AFB PRIVATIZED HOUSING RESIDENT

FROM: 436 CES / CEIH

SUBJECT: Release of Privacy Act Information Authorization

The Application for Assignment to Housing, DD Form 1746, contains privacy act information the Dover AFB Housing Management Office (HMO) uses to determine your eligibility for privatized housing. In order to complete the privatized housing process and place you on the housing waiting list the HMO will need to share your information with Eagle Heights Privatized Housing Office at Dover (Hunt Company). The HMO will release your completed Application for Assignment and a copy of your orders to Hunt Company once you complete this form requesting to be placed on the housing waiting list. Hunt Company and the HMO have the same responsibility to safeguard privacy act information. Please read and check the appropriate box below, sign, date and print your full name.

YES, I want to be placed on the privatized housing waiting list and I authorize the release of my information to Hunt Company.

NO, I do not authorize the release of my information to Hunt Company and I do not wish to be placed on the privatized housing waiting list.

Print Name

SIGNATURE

Date

Failure to sign this letter authorizing the transfer of your privacy act information may result in your having to provide similar or duplicate information to Hunt Company at Dover and/or its property manager.

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

Dover AFB Housing Briefing

Welcome

Welcome to Dover AFB! Housing is privatized on Dover and the Air Force has partnered with Hunt Military Communities to be the Project Owner. The Air Force Housing Management Office (HMO) works concurrently with the Property Owner to ensure compliance with their agreement and also function as a liaison between you and the Property Manager if needed.

Lease

Your lease is a legal binding document. The only way you can terminate your lease early without paying a penalty is with orders. You must give 30 days' notice prior to moving.

Rent

If you are renting a Rank Designated Home, your rent will be equal to your BAH. If you are Air Force, Army, or Navy, the Housing Office will set up a MAC allotment for you. Once they set it up, it will stay in effect until you clear your house to move.

If you are Marine Corps, or Coast Guard; you will be responsible for setting it up your allotment at your command.

If your rank changes you must notify the Property Owner. Your rent will be adjusted on the 1st day of January the following year that your rank changes. (Rank designated housing only)

If you are renting a Market Rate Home, your rent is a set amount as agreed to in your lease. It is not based upon your BAH. You are still responsible to set up an allotment to pay your rent.

Your rent includes a \$20K renter's policy w/\$100.00 deductible. We recommend that you have additional renter's insurance.

Utilities Houses have been metered and everyone will be paying their own utilities. The average utility usage (gas and electric) will be determined for each type of house. Members that receive BAH will receive 110% of the usage amount out of your BAH to pay utilities. Your rent will be adjusted so that the remaining BAH will pay your rent.

Pets

You are allowed 2 pets in Housing. Exotic pets are not allowed. There are some restricted breeds of dogs on Air Force Installations. Pit Bulls, American/English Staffordshire Bull Terrier, Rottweiler, Doberman Pinschers are not allowed in housing. Please contact the Leasing Office for additional information.

Weapons

Please contact the Leasing Office for additional information about Privately Owned Weapons Procedures.

Storage (Active Duty only)

You are authorized storage of your excess household goods (oversized beds, sofas, bookcases, etc.) if you do not have room in your house. Please come to the HMO office with a list of items to be stored within 30 days of your move in. We will write the orders for your storage and you will take those along with a copy of your PCS orders to JPPSO. They will arrange your storage pickup. Please be aware that this is non-temp storage. Not all items may be allowed and you will not have access to these items until you move to another address or PCS.

Schools

There is an elementary and middle school on Dover AFB. Civilians and Retirees should verify school eligibility for on base schools.

Roommate Policy

Immediate relatives of the Tenant and the Tenant's spouse may be considered normal residents of the household and are not social visitors. Other than immediate relatives, all roommates must be approved in advance by the Installation Commander. Please submit a request by email to the Air Force Housing Management Office on base.

Restricted Areas

At this time there are no restricted areas around Dover AFB.

I have been briefed and understand the housing policies for Dover AFB.

Print Name: _____

Signature of Applicant: _____ **Date:** _____

For Housing Official Only

Check box if briefing was completed via Telecom

Signature of Housing Rep: _____ **Date:** _____