



Military Housing Office
 Bldg. 496 Madison Drive
 MCAS Cherry Point NC 28533
 252-466-2732
 Chpt.fac.housing.omb@usmc.mil



HOUSING APPLICATION CHECKLIST

MCAS CHERRY POINT APPLICATION FOR FAMILY HOUSING	
PAGES 1 & 2:	DD FORM 1746 APPLICATION FOR ASSIGNMENT TO HOUSING
PAGE 3:	SUPPLEMENTAL QUESTIONS
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PAGE 5:	STATEMENT OF UNDERSTANDING
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ADDITIONAL REQUIRED DOCUMENTS	
USMC	Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point NAVMC 10922 Form (if dependent added by RPAC/IPAC within past 7 days)
NAVY	Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point Page 2 Dependent Data/NAVPERS 1070-602 Most recent Leave & Earnings Statement (LES)
ARMY	Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point Complete DD Form 93 Most recent Leave & Earnings Statement (LES)
AIR FORCE	Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point Complete DD Form 93 Most recent Leave & Earnings Statement (LES)
COAST GUARD	Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point Complete CG-4170A Form Employee Summary Sheet (from CGBI) Most recent Leave & Earnings Statement (LES)

PRIOR TO SUBMITTING YOUR APPLICATION, PLEASE REVIEW THE ABOVE CHECKLIST.

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTS MAY CAUSE A DELAY IN PROCESSING YOUR APPLICATION.

FOR OFFICIAL USE ONLY: This report contains information that is privacy and business sensitive. Any misuse or unauthorized disclosure of privacy and business sensitive information may result in civil and/or criminal penalties in accordance with 18 United States Code (U.S.C.) § 1030; Section 552a of title 5 (U.S.C.); as amended Privacy Act of 1974; DoD 5400.11-R. To avoid compromise, destroy this report after use.

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <small>(Check one or both)</small>	
		a. MILITARY HOUSING	b. HOUSING		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <small>(Last, First, Middle Initial)</small>		3. PAY GRADE	4. SSN <small>(Not EDIPI)</small>		5. DOD COMPONENT <small>(Branch)</small>
6. CURRENT ADDRESS <small>(Street, City, State, Zip Code)</small>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <small>(Check one)</small>	
		a. HOME <small>(Include Area Code)</small>	b. DUTY <small>(DSN)</small>	a. MILITARY MEMBER	c. CIVILIAN
9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS <small>(X one)</small>			
		a. VOLUNTARILY		b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <small>(Check one)</small>		SECTION II - MILITARY CAREER INFORMATION <small>(Civilians skip to Item 15.)</small>			
a. SELF ONLY	b. SELF AND DEPENDENTS	14. DATES <small>(Enter in YYMMDD order)</small>		MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
		c. TIME REMAINING ON ACTIVE DUTY			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO <small>(Unit)</small>		d. EFFECTIVE CHANGE IN DUTY STATION			
		e. REPORT DATE			
		f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <small>(If more space is needed, continue on plain paper.)</small>					
a. NAME <small>(Last, First, Middle Initial)</small>		b. DATE OF BIRTH <small>(YYMMDD)</small>	c. SEX	d. RELATIONSHIP	e. REMARKS <small>(Handicap, health problems, expected additions to family, etc.)</small>
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <small>(Check as applicable)</small>					
a. PURCHASE HOUSE	d. RENT HOUSE	g. RENT MOBILE HOME SPACE		j. ROOM AND BOARD	
b. PURCHASE CONDOMINIUM	e. RENT APARTMENT	h. SHARE		k. SUBLET	
c. PURCHASE MOBILE HOME	f. RENT MOBILE HOME	i. RENT ROOM	l. TRANSIENT		
17. AMENITIES DESIRED <small>(Check as applicable. Write number in d. and e.)</small>			18. DATE HOUSING NEEDED <small>(YYMMDD)</small>		19. PRICE RANGE <small>(Community Housing)</small>
a. FURNISHED	e. NO. BATHS				
b. UNFURNISHED	f. PETS <small>(Allowed)</small>				
c. AIR CONDITIONING	g. OTHER <small>(Explain)</small>	20. LOCATION PREFERENCE <small>(Community Housing)</small>			
d. NO. BEDROOMS					
21. REMARKS					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED	
SECTION V - DISPOSITION <small>(To be completed by the Housing Office.)</small>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <small>(YYMMDD and time)</small>		b. APPLICATION EFFECTIVE <small>(YYMMDD)</small>	c. DD FORM 1747 PROVIDED <small>(YYMMDD)</small>		d. HOUSING AVAILABILITY <small>(Boxes indicated on DD Form 1747)</small>
e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <small>(YYMMDD)</small>	g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <small>(YYMMDD)</small>
SECTION VI - HOUSING REFERRAL CERTIFICATE					
<p>On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.</p>			<p>In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.</p>		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED <small>(YYMMDD)</small>

INSTRUCTIONS FOR APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
ROUTINE USE: None.
DISCLOSURE: Voluntary; however, failure to provide the requested information will 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 community housing. All items not listed are self-explanatory. SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

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

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

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

SECTION II - MILITARY CAREER INFORMATION

14. DATES (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (*May 17, 1993, would be entered as 930517*).

- a. Enter the date your current rate/rank was effective.
- b. Enter your active duty service computation date.
- c. Enter the time (*in months*) that you have remaining on active duty.
- d. 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.
- e. Enter your official report date (*from your PCS orders*).
- f. Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

- a. through d. List requested data for all authorized dependents who will be residing with you.
- e. 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.*

SECTION IV - HOUSING DATA

16 - 21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

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

SECTION V - DISPOSITION (*To be completed by the Housing Office*)

24. MILITARY HOUSING

25. Application Received. Enter the year, month, day, and time the application was received in the Housing Office.

26. Application Effective. Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.

c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.

d. **Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.

e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.

f. **Effective Placement.** The effective date and time of the applicant's placement on the list(s).

g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.

h. **Date Unit Assigned.** Enter the date the unit was assigned.



SUPPLEMENTAL QUESTIONS

Personal Information

Service Member date of birth: _____

Service Member personal email: _____

Service Member government email: _____

Service Member cell: _____

Duty Phone (MCAS Cherry Point): _____

Spouse Information *(if applicable)*

Is spouse active-duty? Yes No

Spouse email: _____

Spouse cell: _____

Spouse's maiden name: _____

Additional Information

Any special circumstances such as EFMP? *(If EFMP, applicant must provide EFMP letter)*

N/A EFMP OTHER: _____

Any special housing needs not disclosed above?



PET REGISTRATION ADDENDUM

1. Do you have any dogs or cats that will reside with you in family housing?

Yes No

2. Residents are permitted to have dogs, cats, fish, and birds as pets. Prohibited canine breeds are described as dogs that possess dominant traits of aggression. The following is a list of prohibited canine breeds. Full or mixed (hybrid) breed of:

- American Pit Bull
- Rottweiler
- Canid/Wolf
- Any canine breed with dominant traits of aggression and present an unreasonable risk to health and safety.

3. Pet Information *(required for dogs and cats)*

Pet 1: Dog Cat

Name: _____ Breed: _____

Color: _____ Weight: _____

Pet 2: Dog Cat

Name: _____ Breed: _____

Color: _____ Weight: _____

4. I acknowledge that residents of family housing are permitted a maximum of two dogs or two cats or one dog and one cat.

5. I acknowledge that I must provide proof of vaccination, microchipping, and registration from the Station Veterinarian to my community center within 5 days of being assigned privatized housing or upon requiring a new pet.

Printed Name: _____

Signature: _____

Date: _____



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STATEMENTS OF UNDERSTANDING

_____ I understand that I must comply with Air Station Order 11101.18E and that failure to read the reference will not relieve me of responsibility should I violate its provisions. Review ASO 11101.18E [here](#).

_____ I understand that MHO will utilize the date of the receipt of the housing application (DD Form 1746) with all qualifying documents, to include PCS orders, as the control date for the waitlist. If the application and all qualifying documents are received separately, the control date will be the date the latest document was received.

_____ I understand that there is often an on-station waitlist and on-station housing may not be readily available when I need it. I understand the Military Housing Office (MHO) provides both on and off-station resource information for rentals and temporary lodging.

_____ I understand that if I occupy family housing prior to checking into my unit at MCAS Cherry Point, I will forfeit my full Basic Allowance for Housing (BAH) entitlement at my current command rate.

_____ I understand that acceptance to on-station housing is not a valid reason for breaking an off-station lease.

_____ I understand and agree that I must report to IPAC/ RPAC to inform them of a change in marital status, change in dependents, and/or to review other entitlements that may or may not be authorized at this time. I am aware of the necessity to monitor my LES for appropriate changes in BAH entitlement.

_____ I understand that there is often an on-station waitlist and on-station housing may not be readily available when I need it. I understand the Military Housing Office (MHO) provides both on and off-station resource information for rentals and temporary lodging.

_____ I understand that I can request to be placed on the inactive waitlist if I am unable to accept housing due to an off-station lease. It is my responsibility to contact Hunt Military Communities to have my application reactivated and moved to the appropriate waitlist.

GOVERNMENT-FUNDED MOVES

_____ If housing in my rank and bedroom entitlement is not available and I have to move into non-government owned housing, then I am entitled to a government-funded move onto station if I report to MHO with a copy of my endorsed orders and apply for housing within 30 days of reporting to my command, on-station housing is not available, and I accept my first offer for on-station housing. Declining this offer will result in the forfeiture of my government-funded move.

Signature: _____

Date: _____



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PRIVACY ACT RELEASE FORM

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

Printed Name: _____

Signature: _____

Date: _____



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SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE

Authority: 10 U.S.C. § 5013; 10 U.S.C. § 5041, 10 U.S.C. § 2831, DoD 4165.63-M, and E.O. 9397.

Principal Purposes: To determine an individual's eligibility for military housing including privatized housing.

Routine Uses: Used by region and installation housing office personnel to determine eligibility for military housing and by private partners who operate privatized military housing for management and operational purposes.

Disclosure: Voluntary; however, failure to provide the requested information may impact eligibility for military housing, including privatized housing.

POLICY STATEMENT: In accordance with SECNAV Policy Letter-Registered Sex Offenders Prohibited Occupancy and Access to Marine Corps Government-Owned, Leased, or Privatized Housing, sex offenders are to be identified & prohibited from accessing government-owned facilities and occupying government-owned, leased, or PPV housing.

Sex Offender Definition: Any person convicted of a criminal offense requiring registration per the National Guidelines for Sex Offender Registration and Notification Act (SORNA)(42 U.S.C. §§ 16901-16962).

NOTICE OF REQUIREMENT TO DISCLOSE

1. Applicants requesting assignment to government-owned, leased or privatized housing are required to sign this acknowledgment and disclosure form.
2. Occupancy of government-owned, leased or privatized housing will not be approved for otherwise eligible applicants if the applicant, any authorized dependent, or live-in aide residing in the home is a sex offender.
3. Anyone discovered to be a sex offender in the application process shall be denied access to government-owned, leased or privatized housing.
4. Anyone found to be a sex offender after taking occupancy will lose the privilege of residing in government-owned, leased or privatized housing, will be barred from the installation, and/or will be evicted. If eviction occurs you will be responsible for all relocation expenses.
5. The Housing Director will immediately forward information regarding identified sex offenders to the Installation SJA office, to include a copy of the applicant's DD 1746 and this form. All information will be forwarded within two working days.
6. Anyone found to have falsely certified this Acknowledgment shall be referred for debarment or eviction, as appropriate, and will be responsible for relocation expenses.
7. Denial of an application for assignment to government-owned, leased or privatized housing under the applicable policy, may be appealed to the Commanding Officer via the military sponsor's chain of command.

CERTIFICATION: I have read and understand the above policy. By my signature below, I certify that under a penalty of administrative action and/or prosecution for making a false official statement in violation of 18 U.S.C. § 1001 and/or the Uniform Code of Military Justice, Article 107, that neither I nor any person living in my household is a registered/convicted sex offender. I understand that I am required to notify the Military Housing Office and the Installation Security Office immediately if circumstances change so that this certification is no longer true.

Printed Name: _____

Signature: _____

Date: _____

MHO USE ONLY (RSO Verification):	Initials:	<input type="text"/>	Date:	<input type="text"/>
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PLAIN LANGUAGE BRIEF ACKNOWLEDGEMENT

This document acknowledges receipt of the Public Private Venture (PPV) Housing Plain Language Brief from the Military Housing Office on all rights and responsibilities associated with tenancy of the housing unit, including information regarding the existence of any additional fees authorized by the lease, any utilities payments, the procedures for submitting and tracking work orders, identity of the military tenant advocate, and the dispute resolution process.

I acknowledge receipt of the Public Private Venture (PPV) Housing Plain Language Brief prior to my lease signing. I have reviewed and understood the information provided in the brief, including my rights and responsibilities as a tenant of privatized housing.

Please review the Public Private Venture (PPV) Housing Plain Language Brief [here](#). You can also request a copy of the brief by contacting the Military Housing Office at MCAS Cherry Point.

Printed Name: _____

Signature: _____

Date: _____