



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

Housing Application Checklist

PLEASE CHECK BOXES ONCE COMPLETED

DD FORM 1746: APPLICATION FOR ASSIGNMENT TO HOUSING	Required for all applicants (<i>All highlighted areas</i>)	<input type="checkbox"/>
SUPPLEMENTAL QUESTIONS	Required for all applicants	<input type="checkbox"/>
PET REGISTRATION ADDENDUM	Required for all applicants (<i>Required even if you do not have pets</i>)	<input type="checkbox"/>
STATEMENT OF UNDERSTANDING	Required for all applicants	<input type="checkbox"/>
PRIVACY ACT RELEASE	Required for all applicants	<input type="checkbox"/>
SEX OFFENDER DISCLOSURE	Required for all applicants	<input type="checkbox"/>
PLAIN LANGUAGE BRIEF ACKNOWLEDGEMENT	Required for all applicants	<input type="checkbox"/>
DEPENDENCY VERIFICATION	Required for: Navy - Page 2 Air Force - DD Form 93 Army - DD Form 93 Coast Guard - CG-4170A Marine Corps – None, unless below Custody documentation for stepchildren and children of divorced parent NAVMC 10922 from IPAC for dependents added within past 7 days Tax documentation for adult children (<i>18 years or older</i>)	<input type="checkbox"/>
EFMP LETTER	Required for: Any EFMP family members	<input type="checkbox"/>
EMPLOYEE SUMMARY SHEET	Required for: Coast Guard applicants	<input type="checkbox"/>

PRIOR TO SUBMITTING YOUR APPLICATION FOR FAMILY HOUSING, PLEASE REVIEW THE CHECKLIST TO ENSURE YOU INCLUDE ALL REQUIRED DOCUMENTS

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 <i>(Check one or both)</i>	
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN	5. DOD COMPONENT	
6. ADDRESS <i>(Street, City, State, Zip Code)</i>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(Check one)</i>	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		9. MARITAL STATUS		<input type="checkbox"/> b. MILITARY SPOUSE	<input type="checkbox"/> d. FOREIGN NATIONAL
10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>					
<input type="checkbox"/> a. VOLUNTARILY		<input type="checkbox"/> b. INVOLUNTARILY			
11. I REQUEST HOUSING FOR <i>(X one)</i>			SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>		
<input type="checkbox"/> a. SELF ONLY		<input type="checkbox"/> b. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYMMDD order)</i>	MILITARY APPLICANT
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			d. EFFECTIVE CHANGE IN DUTY STATION		
			e. REPORT DATE		
			f. ESTIMATED FAMILY ARRIVAL DATE		
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <i>(If more space is needed, continue on plain paper.)</i>					
a. NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>	
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <i>(Check as applicable)</i>					
<input type="checkbox"/> a. PURCHASE HOUSE	<input type="checkbox"/> d. RENT HOUSE	<input type="checkbox"/> g. RENT MOBILE HOME SPACE		<input type="checkbox"/> j. ROOM AND BOARD	
<input type="checkbox"/> b. PURCHASE CONDOMINIUM	<input type="checkbox"/> e. RENT APARTMENT	<input type="checkbox"/> h. SHARE		<input type="checkbox"/> k. SUBLET	
<input type="checkbox"/> c. PURCHASE MOBILE HOME	<input type="checkbox"/> f. RENT MOBILE HOME	<input type="checkbox"/> i. RENT ROOM		<input type="checkbox"/> l. TRANSIENT	
17. AMENITIES DESIRED <i>(Check as applicable. Write number in d. and e.)</i>			18. DATE HOUSING NEEDED <i>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>
<input type="checkbox"/> a. FURNISHED	<input type="checkbox"/> e. NO. BATHS		20. LOCATION PREFERENCE <i>(Community Housing)</i>		
<input type="checkbox"/> b. UNFURNISHED	<input type="checkbox"/> f. PETS <i>(Allowed)</i>				
<input type="checkbox"/> c. AIR CONDITIONING	<input type="checkbox"/> g. OTHER <i>(Explain)</i>				
<input type="checkbox"/> d. NO. BEDROOMS					
21. REMARKS					
*Sponsor's Date of Birth:					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED	
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>		d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>	
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>	g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>	
SECTION VI - HOUSING REFERRAL CERTIFICATE					
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.			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.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED <i>(YYMMDD)</i>

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*).

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

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

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



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Supplemental Questions

Personal Information

Contact Information

Service Member's personal email: _____

Service Member's government email: _____

Service Member's cell: _____

Duty Phone (CHERPT): _____

Spouse's email: _____

Spouse's cell: _____

Spouse's maiden name: _____

Additional Information

Any special circumstances such as EFMP? Check box below. *(Please submit EFMP letter with application)*

N/A

EFMP

OTHER:

If other is selected, please explain below:



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Pet Registration Addendum

1. Do you have any pets? Yes No
If no, please continue to item 4 and sign.

2. 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:

Pet 1: Dog Cat

Name: _____ Breed: _____

Color: _____ Weight: _____

Pet 2: Dog Cat

Name: _____ Breed: _____

Color: _____ Weight: _____

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

Printed Name: _____

Signature: _____

Date: _____



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Initial
Below

Statement 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.

_____ I understand that by occupying family housing prior to checking into my new command, I will forfeit my full Basic Allowance for Housing (BAH) entitlement at my current command rate.

_____ I understand that acceptance to housing is not a valid reason for breaking a lease in the local community.

_____ I understand and agree that I must report to IPAC within three days to inform them of a change in address, 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 needed. 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 Atlantic Marine Corps Communities to have my application reactivated and moved to the appropriate waitlist.

_____ 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.

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

To Whom It May Concern:

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, **Atlantic Marine Corps Communities (AMCC)**, 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: _____

Military Housing Office Representative RSO Verification Date:

Initials:



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Plain Language Brief Acknowledgement

This document acknowledges the receipt of a plain language briefing 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, and identity of the military tenant advocate, and the dispute resolution process.

I acknowledge receipt of the plain language briefing prior to my lease signing. I have reviewed and understood the information provided in the document, including my rights and responsibilities as a tenant of privatized housing.

Printed Name: _____

Signature: _____

Date: _____