



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



# HOUSING APPLICATION CHECKLIST

**PRIOR TO SUBMITTING YOUR APPLICATION, PLEASE REVIEW THE BELOW CHECKLIST.**

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

| MCAS CHERRY POINT APPLICATION FOR FAMILY HOUSING                |                                                                                                                                                                                                   |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAGES 1 & 2: DD FORM 1746 APPLICATION FOR ASSIGNMENT TO HOUSING |                                                                                                                                                                                                   |
| PAGE 3: SUPPLEMENTAL QUESTIONS                                  |                                                                                                                                                                                                   |
| PAGE 4: PET REGISTRATION ADDENDUM                               |                                                                                                                                                                                                   |
| PAGE 5: STATEMENT OF UNDERSTANDING                              |                                                                                                                                                                                                   |
| PAGE 6: PRIVACY ACT RELEASE                                     |                                                                                                                                                                                                   |
| PAGE 7: SEX OFFENDER DISCLOSURE                                 |                                                                                                                                                                                                   |
| PAGE 8: PLAIN LANGUAGE BRIEF ACKNOWLEDGEMENT                    |                                                                                                                                                                                                   |
| ADDITIONAL REQUIRED DOCUMENTS                                   |                                                                                                                                                                                                   |
| USMC                                                            | Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point<br>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<br>Page 2 Dependent Data/NAVPERS 1070-602<br>Most recent Leave & Earnings Statement (LES)                       |
| ARMY                                                            | Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point<br>Complete DD Form 93<br>Most recent Leave & Earnings Statement (LES)                                          |
| AIR FORCE &<br>SPACE FORCE                                      | Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point<br>Complete DD Form 1172 (must have VO signature) or DD Form 93<br>Most recent Leave & Earnings Statement (LES) |
| COAST GUARD                                                     | Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point<br>Complete CG-4170A Form<br>Employee Summary Sheet (from CGBI)<br>Most recent Leave & Earnings Statement (LES) |

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                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                              | 1. TYPE SERVICE DESIRED <i>(Check one or both)</i> |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------|--|
| <i>(Before completing form, read Privacy Act Statement and Instructions on reverse)</i>                                                                                                                                                                                                                                                                                                               |  |  |                                                                              | a. MILITARY HOUSING                                |                                                                                                                                                                     | b. HOUSING                                           |                                                                                   |                                 |  |
| SECTION I - APPLICANT INFORMATION                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| 2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>                                                                                                                                                                                                                                                                                                                                               |  |  | 3. PAY GRADE                                                                 |                                                    | 4. SSN <i>(Not EDIPI)</i>                                                                                                                                           |                                                      | 5. DOD COMPONENT <i>(Branch)</i>                                                  |                                 |  |
| 6. CURRENT ADDRESS <i>(Street, City, State, Zip Code)</i>                                                                                                                                                                                                                                                                                                                                             |  |  | 7. TELEPHONE NUMBER <i>(Fill box 7a)</i>                                     |                                                    |                                                                                                                                                                     | 8. STATUS OF APPLICANT <i>(Check one)</i>            |                                                                                   |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | a. HOME <i>(Include Area Code)</i>                                           |                                                    |                                                                                                                                                                     |                                                      |                                                                                   | b. DUTY <i>(DSN)</i>            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | 9. MARITAL STATUS                                                            |                                                    |                                                                                                                                                                     | 10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i> |                                                                                   |                                 |  |
| 11. I REQUEST HOUSING FOR <i>(Check one)</i>                                                                                                                                                                                                                                                                                                                                                          |  |  | SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i> |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| a. SELF ONLY                                                                                                                                                                                                                                                                                                                                                                                          |  |  | b. SELF AND DEPENDENTS                                                       |                                                    |                                                                                                                                                                     | 14. DATES <i>(Enter in YYMMDD order)</i>             |                                                                                   |                                 |  |
| 12. INSTALLATION/ORGANIZATION TRANSFERRED FROM                                                                                                                                                                                                                                                                                                                                                        |  |  | a. EFFECTIVE RANK/RATE DATE                                                  |                                                    |                                                                                                                                                                     | MILITARY APPLICANT                                   |                                                                                   | MILITARY SPOUSE                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | b. ACTIVE DUTY SERVICE COMPUTATION                                           |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | c. TIME REMAINING ON ACTIVE DUTY                                             |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | d. EFFECTIVE CHANGE IN DUTY STATION                                          |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| 13. INSTALLATION/ORGANIZATION TRANSFERRED TO                                                                                                                                                                                                                                                                                                                                                          |  |  | 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>                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| a. PURCHASE HOUSE                                                                                                                                                                                                                                                                                                                                                                                     |  |  | d. RENT HOUSE                                                                |                                                    |                                                                                                                                                                     | g. RENT MOBILE HOME SPACE                            |                                                                                   |                                 |  |
| b. PURCHASE CONDOMINIUM                                                                                                                                                                                                                                                                                                                                                                               |  |  | e. RENT APARTMENT                                                            |                                                    |                                                                                                                                                                     | h. SHARE                                             |                                                                                   |                                 |  |
| c. PURCHASE MOBILE HOME                                                                                                                                                                                                                                                                                                                                                                               |  |  | f. RENT MOBILE HOME                                                          |                                                    |                                                                                                                                                                     | i. RENT ROOM                                         |                                                                                   |                                 |  |
| j. ROOM AND BOARD                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| k. SUBLET                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| 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>           |                                                                                   |                                 |  |
| a. FURNISHED                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                                                                              | c. NO. BATHS                                       |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| b. UNFURNISHED                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                              | f. PETS <i>(Allowed)</i>                           |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| c. AIR CONDITIONING                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                              | g. OTHER <i>(Explain)</i>                          |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| d. NO. BEDROOMS                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| 20. LOCATION PREFERENCE                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| 21. REMARKS                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                              |                                                    |                                                                                                                                                                     |                                                      |                                                                                   |                                 |  |
| 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> |  |

# 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*).

- 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.



## SUPPLEMENTAL QUESTIONS

### Service Member Information

Date of Birth: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Government Email (*If available*): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone (*MCAS Cherry Point – if available*): \_\_\_\_\_

### Spouse Information (*if applicable*)

Is spouse active duty?      Yes      No

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### EFMP & Housing Accommodations

Is your family enrolled in EFMP? *If yes, please provide your EFMP letter.*

Yes      No

Does your family *require* any special housing accommodations? (Single-story home, no carpet, etc.)

If yes, please list them here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If your family is NOT enrolled in EFMP, requests for housing accommodations must include supporting documentation from a medical professional.*



## PET REGISTRATION ADDENDUM

1. Do you have any pets? Yes No

*If no, read all statements and sign.*

2. I understand that I must comply with all pet policies and regulations contained in Air Station Order 10570.1U and my residential lease. Review ASO 10570.1U [here](#).

3. I understand that if I wish to have pets in family housing, I will be required to pay a \$250.00 pet deposit to Hunt Military Communities.

4. I understand that the following dog breeds are prohibited aboard MCAS Cherry Point, per Air Station Order 10570.1U: American Pit Bull Terrier, American Staffordshire Terrier, American Staffordshire Bull Terrier, American Bully, Rottweiler, Wolf Hybrid, or any mixes of these breeds.

5. I understand that in addition to the prohibited breeds above, Hunt Military Communities prohibits the following breeds within family housing: Presa Canario, Doberman Pinscher, Chow Chow, Akita, Mastiff, Great Dane, or Alaskan Malamute. Any dog, of any breed, that demonstrates a propensity for dominance or aggressive behavior is also prohibited.

6. Pet Information (*mixed-breed dogs require two breeds to be listed*):

| Pet 1:                | Dog                 | Cat |
|-----------------------|---------------------|-----|
| Name:                 | _____               |     |
| Breed:                | _____               |     |
| Color:                | _____               |     |
| Weight:               | _____               |     |
|                       | <i>If available</i> |     |
| Rabies Tag Number     | _____               |     |
| Rabies Tax Expiration | _____               |     |

| Pet 2:                 | Dog                 | Cat |
|------------------------|---------------------|-----|
| Name:                  | _____               |     |
| Breed:                 | _____               |     |
| Color:                 | _____               |     |
| Weight:                | _____               |     |
|                        | <i>If available</i> |     |
| Rabies Tag Number:     | _____               |     |
| Rabies Tag Expiration: | _____               |     |

7. I am aware of the requirement to provide pet photos, proof of vaccination, and proof of microchip for each pet to Hunt Military Communities, and to register my pet(s) at the installation veterinarian office within 14 calendar days of arrival.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## STATEMENTS OF UNDERSTANDING

PLEASE READ AND INITIAL BESIDE EACH STATEMENT

\_\_\_\_\_ 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 required documents, to include PCS orders, as the control date for the waitlist. If the application and all required 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 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.

\_\_\_\_\_ I understand and agree that I must inform IPAC/RPAC and the MHO 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 any changes in BAH entitlement.

\_\_\_\_\_ I understand that failure to report any changes in marital status, dependents, or BAH entitlement will not relieve me of rent responsibility while residing in on-station housing.

### 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## PRIVACY ACT RELEASE

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I hereby authorize Cherry Point 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:

Date:

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.



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## PLAIN LANGUAGE BRIEF ACKNOWLEDGEMENT

*You may 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.*

I acknowledge 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 understand the information provided in the brief, including my rights and responsibilities as a tenant of privatized housing.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_