



**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.**

<b>MCAS CHERRY POINT APPLICATION FOR FAMILY HOUSING</b>	
<b>PAGES 1-3:</b>	DD FORM 1746 APPLICATION FOR ASSIGNMENT TO HOUSING
<b>PAGE 4:</b>	PET REGISTRATION ADDENDUM
<b>PAGE 5:</b>	STATEMENT OF UNDERSTANDING
<b>PAGE 7:</b>	SEX OFFENDER DISCLOSURE
<b>ADDITIONAL REQUIRED DOCUMENTS</b>	
<b>USMC</b>	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)
<b>NAVY</b>	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)
<b>ARMY</b>	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)
<b>AIR FORCE &amp; SPACE FORCE</b>	Orders to MCAS Cherry Point or to a location within 50 miles of MCAS Cherry Point Complete DD Form 1172 (must have VO signature) or DD Form 93 Most recent Leave & Earnings Statement (LES)
<b>COAST GUARD</b>	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)

APPLICATION FOR ASSIGNMENT TO HOUSING

(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)

OMB No. 0704-0705 Expires 20290131

SECTION I - APPLICANT INFORMATION

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. TYPE OF HOUSING PREFERENCE (X as applicable) (See Instructions for definitions)

Community Housing Privatized Housing DoD Owned/Leased Housing

2. APPLICANT/SPONSOR

a. NAME (Last, First, Middle Initial) b. PAY GRADE c. DoD ID d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT (branch)

3. MARITAL STATUS (X one)

Married Single Single with Dependent(s) (less than 50% time with) Single with Dependent(s) (50% or more time with)

4a. CURRENT ADDRESS (Street, City, State/Country, ZIP Code)

4b. CONTACT EMAIL ADDRESS(ES)

GOVERNMENT: PERSONAL:

5. TELEPHONE NUMBERS (Include Area Code)

TEXT TO CELL PERMITTED? (X if yes)

a. HOME b. DUTY (Cherry Point - if available) c. CELL PHONE

6. STATUS OF APPLICANT (X one)

Military Member Military Spouse DoD Civilian Local / Foreign National

7. SEPARATED FROM DEPENDENTS: (X one)

Voluntarily Involuntarily N/A

8. REQUEST HOUSING FOR: (X one)

Self and Dependents Self Only

9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT) (X one)

No Yes (If Yes, be prepared to show the POA when applying for housing.)

10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM

11a. INSTALLATION/ORGANIZATION TRANSFERRED TO

10b. LOSING UIC

11b. GAINING UIC

SECTION II - MEMBER INFORMATION

12. DATES (Enter dates in DDMMYYYY format) (1) Member (2) Dual Military Spouse g. Date of Birth (1) Member (2) Dual Military Spouse
a. Date of Rank b. Date Entered Active Service c. Expiration of Obligated Service (EOS) d. Official Departure Date from losing duty station e. Official Report/Arrival Date at gaining duty station f. Estimated Family Arrival Date
g. Date of Birth h. Date of Marriage i. Projected Rotation Date (PRD) j. Special Housing Needs (wounded warrior, medical provider, etc.)
IS YOUR FAMILY ENROLLED IN EFMP? YES NO
If yes, please provide EFMP Enrollment Letter

13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT

b. DATE (MMDYYYY)

SECTION III - SPOUSE (If applicable)

14a. NAME (Last, First, Middle Initial) 14b. CONTACT EMAIL ADDRESS 14c. DoD ID (if active duty)

14d. CELL PHONE NUMBER TEXT TO CELL PERMITTED? (X if yes) IS SPOUSE ACTIVE DUTY? YES NO

14e. INSTALLATION/ORGANIZATION (if active duty) 4f. UIC (if active duty) 14g. PAY GRADE (if active duty)

SECTION IV - DEPENDENT INFORMATION

15. AUTHORIZED DEPENDENTS RESIDING WITH ME - INCLUDING SPOUSE (Continue on plain paper if more space is needed.)

Table with 5 columns: a. Name (Last, First, Middle Initial), b. Date of Birth (MMDYYYY), c. Sex (M/F), d. Relationship, e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)

**SECTION V - COMMUNITY HOUSING / HOUSING DATA**

**16. COMMUNITY HOUSING DESIRED** (X as applicable)

<input type="checkbox"/> Purchase House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Short Term	Other Details:
<input type="checkbox"/> Purchase Condominium	<input type="checkbox"/> Rent Apartment / Condominium	<input type="checkbox"/> Other	

**17. MINIMUM PREFERENCES** (X and complete as applicable)

a. Furnished (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other
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**18. SERVICE ANIMAL** (X and complete as applicable)

a. Have? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
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**19. PETS** (X and complete as applicable)

a. Have Pets? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)
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**20. DATE HOUSING NEEDED** (MM/DD/YYYY)      **21. LOCATION PREFERENCE(S)** (community)      **22. PRICE RANGE**

**23. REMARKS**

**SECTION VI - HOUSING REFERRAL CERTIFICATE**

**24. I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list.** (MCAS Cherry Point has no housing restrictions)

(Initial the applicable box)       Yes       No       N/A

**25. I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.**

(Initial the applicable box)       Yes       No

**SECTION VII - SIGNATURE AND DATE**

**26a. SIGNATURE OF APPLICANT**      **26b. DATE** (MMDDYYYY)

**SECTION VIII - DISPOSITION** (To be completed by the Gaining Military Housing Office)

**27. APPLICATION PLACEMENT**

a. APPLICATION RECEIVED (DDMMYYYY)	b. APPLICANT HOUSING TYPE PLACEMENT (X one) <input type="checkbox"/> Government Owned <input type="checkbox"/> Government Leased <input type="checkbox"/> Privatized <input type="checkbox"/> Community		
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE (DDMMYYYY) (if applicable)		
e. APPLICANT PLACED ON WAITING LIST (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	f. WAITLIST ELIGIBILITY DATE (DDMMYYYY)	g. WAITLIST GRADE CATEGORY	
h. DATE UNIT ASSIGNED (DDMMYYYY)	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE (Signature)			l. DATE SIGNED (DDMMYYYY)

## APPLICATION FOR ASSIGNMENT TO HOUSING

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 133b, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.02, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.03, Deputy Under Secretary of Defense for Acquisition and Sustainment (DUSD (A&S)); DoDM 4165.63, DoD Housing Management.

**PRINCIPAL PURPOSE(S):** To apply for assignment to housing. This information may also be used to determine eligibility for housing as well as determine the priority and appropriate waiting list.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. See the applicable system of records notice for a listing of the routine uses. NM 11101-1, family and Unaccompanied Housing Program, located at: <https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/DOD-Component-Notices/DOD-Wide-Article-List/>

**DISCLOSURE:** Voluntary. However, failure to provide all information or correct information may result in our inability to assign you or your family to appropriate living quarters or provide housing services.

**INSTRUCTIONS****GENERAL INSTRUCTIONS.**

This form provides the Military Housing Offices (MHO) with information that will be used to provide the applicant with community (off-base), privatized, or DoD owned/leased housing.

**SECTION I - APPLICANT INFORMATION****1. Type of Housing Preference (definitions).**

*Community Housing* – Private-sector or off-base housing located within a defined market area. This does not include privatized housing units owned by privatized housing Providers on Military installations.

*Privatized Housing* – Family or unaccompanied housing acquired or constructed by a DoD privatized Housing Provider. This housing may be located on government owned land, or near military installations within the United States and its territories.

*DoD Owned/Leased Housing* – Family and unaccompanied housing that the DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as “Government-controlled housing”. It does not include privatized housing.

**2. Applicant.**

- a. Enter applicant's legal name.
- b. Enter applicant's pay grade.
- c. Enter applicant's DoD ID # (located on your CAC).
- d. Enter DoD Component/Military Service Department.

**3. – 8.** Self-explanatory.

**9. Power of Attorney (POA):** To apply for housing in the service member's absence, a specific POA is required. The service member can obtain this legal document for the spouse from the installation's Legal Assistance Office. This POA authorizes the spouse to sign lease agreements and manage all related finances on the service member's behalf. The original POA document must be presented at the housing appointment.

**10-11.** Self-explanatory.

**SECTION II – MEMBER INFORMATION.**

**12-13.** Self-explanatory.

**SECTION III – MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT**

**14.** Self-explanatory.

**SECTION IV – DEPENDENT INFORMATION**

**15. a-e.** Self-explanatory.

**SECTION V – COMMUNITY HOUSING / HOUSING DATA**

**16-23.** Self-explanatory.

**SECTION VI – HOUSING REFERRAL CERTIFICATE**

**24-25.** Self-explanatory.

**SECTION VII – SIGNATURE AND DATE**

**26.** Self-explanatory.

**SECTION VIII – DISPOSITION**

**27.** Self-explanatory.





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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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## 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: \_\_\_\_\_