



Application for Housing



APPLICANT

APPLICANT INFORMATION

Name:			Date:		
SSN:			Rank:	DOB:	
Effective Date of Change in Duty Station or Active Duty Date	DOR:	Promotable: Y N	Branch of Service:	ETS:	
Installation Assignment:	Arrival Date:		Duty Phone:		
			Home:	Cell:	
Duty Location: (if different):	Duty Zip:		Last Assignment:		
			Email:		
Current Address:			Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>
Previous Address:			Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>

Please list all others who will be residing at this address

Name:	Branch of Service:	Rank:	Installation Assignment:
Name:	Branch of Service:	Rank:	Installation Assignment:

APARTMENT INFORMATION

Requested Move-in Date:	Lease Length Needed:	Floor Plan Type Needed:
Unit # desired: _____	Rented Rate Quoted: _____	Payment Options: _____
Special Requests:		
Are you interested in a garage rental? Y <input type="checkbox"/> N <input type="checkbox"/>		

VEHICLE

Make:	Model:	Year:	Color:	Reg. #:	Tag #:	State:

MISCELLANEOUS

I acknowledge that pets are not permitted: Y N

EMERGENCY CONTACT

Name:	Address:	Home Phone:	Work Phone:
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THIS APPLICATION IS TAKEN SUBJECT TO APARTMENT AVAILABILITY AND PREVIOUS APPLICATION. THE UNDERSIGNED MAKES THE FOREGOING REPRESENTATIONS KNOWING THAT PICERNE MILITARY HOUSING WILL RELY ON THE ACCURACY THEREOF IN ACTING ON THIS APPLICATION AND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION WILL BE GROUNDS FOR APPLICATION DENIAL AND/OR LEASE TERMINATION.

SIGNATURES

Signature:	Date:
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FOR OFFICE USE ONLY

Check one: Priority List <input type="checkbox"/> Unit Assigned <input type="checkbox"/>	Address:	Floor Plan Type:
Date Available:	Occupancy Date:	Application Date:
Rental Rate:	Rent Begins:	Rented By:
Comments (list any specials here): _____		