

DEPENDENTS DATA AND INFORMATION FORM

(In Lieu of DD Form 1746)

Sponsor's Name (Last, First MI): _____ Rank: _____ SSN: _____

Branch of Service: _____ Gaining Unit: _____ Home/Cell Phone #: _____

Address for current resident of privatized housing only: _____

List all dependents residing or will be residing with the member (Additional supporting documentation is required if dependent is not included on PCS orders. Attach to AF Form 4422, Sex Offender and Acknowledgement Form):

Name (Last, First MI)	Date of Birth	Sex (M/F)	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Falsification of this form or any other information will result in immediate denial of your application or eviction in privatized housing and relocation cost will be at member's expense.

I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true.

Member's Signature

Date