

HOUSING REQUEST COVER SHEET

REQUIRED DOCUMENTS FOR HOUSING REQUEST. ALL MUST BE SUBMITTED.

FORM

Housing Application _____

DEERS Application DD 1172 _____

Registered Sex Offender Policy _____

Privacy Act release form _____

Pet documentation/request form _____

Copy of **Active Duty** Orders _____

OR

Reservists Letter from command stating in good standing _____

Government employees Employment Verification Letter _____

Retirees need to submit DD214 and retired letter _____

ADDITIONALS IF NOT IN DEERS

Marriage Certificate (if newly married) _____

Birth Certificate(s) of children (if not listed on DEERS) _____

Custody Paperwork (if applicable) _____

Pregnancy Verification Letter from Primary Care Manager (if applicable) _____

General or Specific Power of Attorney (if applicable) _____

Must state the following paragraph:

6. ...: to sign for and clear government or other housing in the best interests of my family members and in accordance with the law and military regulation.

Spouse must sign as follows:

"Military Member's Signature" POA "Spouses" Signature"

E-MAIL SMB_WESTOVER_HOUSING@USMC.MIL

PHONE 413-331-3336

FAX 413-331-3208

MAIL: MILITARY HOUSING OFFICE

10 OUTER DRIVE

CHICOPEE, MA 01022

—
FOR HOUSING ONLY:

NAME: _____

PRIORITY: _____

MOVE IN DATE: _____

MUST SEE MHO: _____

DATE RECEIVED: _____

DATE RETURNED TO PARTNER: _____

DATE REFERRED: _____

REFERRED BY: _____

APPLICATION FOR ASSIGNMENT TO HOUSING <i>(Before completing form, read Privacy Act Statement and Instructions on reverse)</i>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>			
				a. MILITARY HOUSING		b. HOUSING REFERRAL	
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>(X one)</i>	
			a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>		a. MILITARY MEMBER	c. CIVILIAN
			9. MARITAL STATUS	10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>			
				a. VOLUNTARILY	b. INVOLUNTARILY		
11. I REQUEST HOUSING FOR <i>(X 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>		MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM				a. EFFECTIVE RANK/RATE DATE			
				b. ACTIVE DUTY SERVICE COMPUTATION DATE			
				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>(X as applicable)</i>							
a. PURCHASE HOUSE			d. RENT HOUSE		g. RENT MOBILE HOME SPACE		j. ROOM AND BOARD
b. PURCHASE CONDOMINIUM			e. RENT APARTMENT		h. SHARE		k. SUBLET
c. PURCHASE MOBILE HOME			f. RENT MOBILE HOME		i. RENT ROOM		l. TRANSIENT
17. AMENITIES DESIRED <i>(X 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			e. NO. BATHS				
b. UNFURNISHED			f. PETS <i>(Allowed)</i>				
c. AIR CONDITIONING			g. OTHER <i>(Explain)</i>				
d. NO. BEDROOMS					20. LOCATION PREFERENCE <i>(Community Housing)</i>		
21. REMARKS							
22. SIGNATURE OF APPLICANT						23. DATE SUBMITTED <i>(YYMMDD)</i>	
SECTION V. - DISPOSITION. (To be completed by the Housing Office.)							
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 Housing (BAH) 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

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).

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

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

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

e. 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

- a. Application Received. Enter the year, month, day and time the application was received in the Housing Office.
b. 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.

For Official Use Only - Privacy Act Data
ADDITIONAL APPLICATION INFORMATION NEEDED

Application Date: ____/____/____
 Month Day Year

Name: _____ Date of Birth: ____/____/____
 Last First Middle Month Day Year

Gender: M/F Marital Status: _____

Service Branch: _____
Active Duty, Reservist, DOD Employee, Retiree (Circle One)

Requested move in date (If different from report date): ____/____/____
 Month Day Year

When you first joined the military? ____/____/____
 Month Day Year

What is your End of Service Date? ____/____/____
 Month Day Year

Estimated End of Tour Date: ____/____/____
 Month Day Year

Are You Selected for Promotion? **Yes/No**

Will the number of dependents you are responsible for change in the next 3 - 12 months? **Yes/No**

If yes, Please explain: _____

Do you have a family member enrolled in the Exceptional Family Member Program?
Yes/No

If yes, you must submit Exceptional Family Member Program paperwork and Exceptional Family Member Program requirements.

Do you have pets? Explain _____

Cellular Telephone: (____) ____-_____

Spouses Cell Number: (____) ____-_____

MIL Email: _____

Home Email: _____

How did you hear about Westover Housing? _____

Signature: _____ Date: ____/____/____

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN PRINCIPAL PURPOSE (S): This request for your private information, including social security number and personal history information, is made to assist our office in determining eligibility for services, compliance with state and federal law, and related purposes.

ROUTINE USE (S): Information provided is used to assign personnel to housing, perform necessary background checks, and for other lawful purposes.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of SSN and personal historical information is voluntary and there will be no adverse consequence from refusal to disclose. However, refusal to establish eligibility may preclude assignment to housing.

ADDENDUM TO HOUSING APPLICATION FORM DD 1746

Have you, or any member of your household for whom you seek authorized housing under this application, ever been charged with, convicted of, or pleaded no contest to any criminal charge related to a sexual offense?

Y N

Have you, or any member of your household for whom you seek authorized housing under this application, ever been required to register as a sex offender under the laws of the United States or any state?

Y N

Is any member of your household for whom you seek authorized housing under this application, a registered sex offender?

Y N

If you answered "Yes" to any of the above questions, please list dates, locations, violations & resolution. Provide all details of any requirements to register as a sex offender. Use reverse side if necessary.

CERTIFICATION OF APPLICANT

I hereby certify that all responses contained herein are true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

Signature: _____ Date: _____

Printed Name: _____

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 do hereby authorize the Military Housing Office to release the information contained in this family housing application to the **Marine Corps Public-Private Venture Partner, Tri-Command Communities (TCC)**, for purposes of placement on the family housing waiting list and placement in a public-private venture home.

Name (please print):

Signature:

Date:



From:

To: Housing Manager, U.S. Marine Corps, Family Housing, Chicopee, MA

Subj: PET AUTHORIZATION/REGISTRATION REQUEST

1. I request permission to maintain a pet within my quarters. I understand that I must comply with the Marine Corps Order of which a copy is available for my review in your office. I also understand that non-Compliance will result in the termination of my pet privileges.

INT: ____

2. Regulations allow only 2 (two) domestic pets per household in Atlantic Marine Communities at Westover. Written approval must be obtained from the Military Housing Office and Atlantic Marine Communities at Westover, prior to moving a pet into the home. Residents are required to provide documentation of rabies vaccinations, tag number, microchip and photo of pet before permission is granted. Pets are neither to run free nor be tied or chained to become a nuisance to other residents. LEASH LAW IS ENFORCED. No barnyard, exotic, or wild animals allowed. Violations of community standards may result in the loss of your pet privileges. Pets are to stay up to date on registration and rabies and provide the office with the new documents. I understand that I am required to provide the Housing Office with a current copy of my pet's city license within 30 days of moving into housing and annually as required by state law. I further understand that noncompliance is a violation of the stated policy, municipal law and a violation of both my lease and conditions of occupancy.

INT: ____

3. I understand that I have 30 days from my lease signing to obtain a City of Chicopee license for my dog. That failure to do so is a violation of the Military pet policy, violation of Municipal law and a violation of my lease and conditions of occupancy.

INT: ____

4. I understand that I am financially responsible for all damages caused by my pet, to include but not limited to, chewed woodwork, chewed blinds, urine stains, damaged screens, lawn damage, flea infestation and liability for unprovoked dog bites.

INT: ____

5. I understand that tethering (tying or chaining) of dogs is prohibited. Pets kept outdoors will be kept in a fenced area or in an approved kennel. I understand that I cannot tie or chain a dog in the basement of my quarters. In the event that I will be absent from quarters for over 24 hours I understand that I need to make provisions for the care of my pet and will not leave animals alone inside or outside my residence.

INT: ____

6. I understand that cats and dogs must wear their rabies tags and pet ID tag while outside and those dogs must wear their City License as well. When my pet is outside, I understand they will not be allowed to run at large, and they must be on a leash under the control of a mature responsible individual who will be able to control the actions of the animal. I agree to provide the housing office an up to date copy of the pet's license, Micro Chip information and rabies vaccination annually.

INT: ____

7. In the event that I terminate ownership of a registered pet, I understand that I will need to notify the Military Housing Office to remove the pet from my records and that prior to obtaining a NEW pet; I will submit a new request for Authorization/Registration.

INT: ____

8. I understand that maintaining an animal also means maintaining a clean yard clear of animal waste as per the Massachusetts Law, conditions of occupancy and my lease agreement.

INT: ____

9. I understand that I must pick up any animal dropping when walking my pet in common areas as per the Massachusetts Law, conditions of occupancy and my lease agreement.

INT: ____

10. I understand that if I neglect or physically abuse an animal or if I maintain an animal that is a Nuisance or is Destructive my pet privileges will be revoked. Furthermore, I understand that violations of the Pet Policy may cause or possibly result in removal of my pet from Westover Communities grounds.

INT: ____

11. I understand that the following information is required upon application, and that my lease signing may be postponed if I have not complied with this requirement.

INT: ____

12. A brief description of my pet is as follows:

- a. BREED _____
- b. Birth year _____
- c. Gender _____
- d. NAME _____
- e. COLOR _____
- f. WEIGHT _____
- g. RABIES TAG NUMBER _____
- h. RABIES EXPIRATION _____
- i. MICROCHIP # _____

- a. BREED _____
- b. Birth year _____
- c. Gender _____
- d. NAME _____
- e. COLOR _____
- f. WEIGHT _____
- g. RABIES TAG NUMBER _____
- h. RABIES EXPIRATION _____
- i. MICROCHIP # _____

INT: _____

Acknowledgment of pet policy of residents without pets.

13. I do not have any pets at this time. I understand the requirement to request pet privileges prior to buying and bringing a pet onto Westover community's property or into my leased quarters and grounds.

INT: _____

You must sign this line. _____

PLEASE REMEMBER:

Documents with proof of rabies vaccination, microchip embedding and current photo are required to be submitted as well.

SERVICE MEMBERS NAME

SIGNATURE (DATE YYYYMMDD)

UNIT ASSIGNED

PRINT SUPERVISORS NAME & NUMBER