

# 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\\_STEWART\\_HOUSING@USMC.MIL](mailto:SMB_STEWART_HOUSING@USMC.MIL)

PHONE 845-563-0587

FAX 845-787-5641

MAIL: MILITARY HOUSING OFFICE

46 Sluga Drive

New Windsor, NY 12553

FOR HOUSING ONLY:

NAME: \_\_\_\_\_

PRIORITY: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_

MUST SEE MHO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE RETURNED TO PARTNER: \_\_\_\_\_

DATE REFERRED: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				<b>1. TYPE SERVICE DESIRED</b> <i>(X one or both)</i>			
				a. MILITARY HOUSING		b. HOUSING REFERRAL	
<b>SECTION I - APPLICANT INFORMATION</b>							
<b>2. NAME OF SPONSOR</b> <i>(Last, First, Middle Initial)</i>			<b>3. PAY GRADE</b>		<b>4. SSN</b>		<b>5. DOD COMPONENT</b>
<b>6. ADDRESS</b> <i>(Street, City, State, Zip Code)</i>			<b>7. TELEPHONE NUMBER</b>			<b>8. STATUS OF APPLICANT</b> <i>(X one)</i>	
			a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>		a. MILITARY MEMBER	c. CIVILIAN
			b. MILITARY SPOUSE	d. FOREIGN NATIONAL			
<b>9. MARITAL STATUS</b>			<b>10. I AM SEPARATED FROM MY DEPENDENTS</b> <i>(X one)</i>				
			a. VOLUNTARILY		b. INVOLUNTARILY		
<b>11. I REQUEST HOUSING FOR</b> <i>(X one)</i>				<b>SECTION II - MILITARY CAREER INFORMATION</b> <i>(Civilians skip to Item 15.)</i>			
a. SELF ONLY	b. SELF AND DEPENDENTS			<b>14. DATES</b> <i>(Enter in YYMMDD order)</i>		MILITARY APPLICANT	MILITARY SPOUSE
<b>12. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>				a. EFFECTIVE RANK/RATE DATE			
				b. ACTIVE DUTY SERVICE COMPUTATION DATE			
				c. TIME REMAINING ON ACTIVE DUTY			
<b>13. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>				d. EFFECTIVE CHANGE IN DUTY STATION			
				e. REPORT DATE			
				f. ESTIMATED FAMILY ARRIVAL DATE			
<b>SECTION III - DEPENDENT DATA</b>							
<b>15. DEPENDENTS RESIDING WITH ME.</b> <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>	
<b>SECTION IV - HOUSING DATA</b>							
<b>16. COMMUNITY HOUSING DESIRED</b> <i>(X 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	
<b>17. AMENITIES DESIRED</b> <i>(X as applicable. Write number in d. and e.)</i>				<b>18. DATE HOUSING NEEDED</b> <i>(YYMMDD)</i>		<b>19. PRICE RANGE</b> <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				<b>20. LOCATION PREFERENCE</b> <i>(Community Housing)</i>			
<b>21. REMARKS</b>							
<b>22. SIGNATURE OF APPLICANT</b>						<b>23. DATE SUBMITTED</b> <i>(YYMMDD)</i>	
<b>SECTION V. - DISPOSITION.</b> <i>(To be completed by the Housing Office.)</i>							
<b>24. MILITARY HOUSING</b>							
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>	
<b>SECTION VI - HOUSING REFERRAL CERTIFICATE</b>							
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.			
<b>25. SIGNATURE OF APPLICANT</b>						<b>26. DATE SIGNED</b> <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.



**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: \_\_\_\_\_

Pet Addendum

Pet ownership for those service members and their families residing in government-owned or PPV family housing provides a real and tangible benefit, and contributes to Quality of Life for resident families. However, the rise in ownership of large dog breeds with a predisposition toward aggressive or dangerous behavior, coupled with the increased risk of tragic incidents involving these dogs, necessitates a uniform policy to provide for health, safety and tranquility of all residents of family housing areas.

On August 11, 2009 Headquarters Marine Corps issued a change to the Marine Corps Housing Order, MCO 11000.22, governing domestic animals in housing. The following breeds are now prohibited aboard Marine Corps installations. Pit Bulls, including American Staffordshire Terrier, Staffordshire Bull Terrier, Rottweilers and Canid/Wolf Hybrids, or any canine with dominant traits of aggression that present an unreasonable risk to the health and safety of personnel in family housing areas. **Consequently, full or mixed breeds of the above mentioned breeds are prohibited.** In the absence of formal breed identification a determination of "majority breed" will be made by a Veterinary Corps Officer (VCO) or a civilian veterinarian.

Service Animals: Animals trained for use by individuals with disabilities are permitted for use by the disabled individual.

As per HQMC Order MCO 11000.22 all dogs and cats aboard Marine Corps installations must be vaccinated and micro-chipped.

Dogs are also required to be licensed with the town as per New York State Law.

**Applicant Signature:** \_\_\_\_\_

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



From:

To: Housing Manager, U.S. Marine Corps, Family Housing, Stewart Terrace, New Windsor

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 Corps Communities at Stewart Terrace. Written approval must be obtained from the Military Housing Office and Atlantic Marine Corps Communities at Stewart Terrace, 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 Town of New Windsor, 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 NYS 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 NYS 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 Stewart Terrace 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. LICENSE TAG NUMBER(required 30 days from lease signing) \_\_\_\_\_
- h. LICENSE EXPIRATION(required 30 days from lease signing) \_\_\_\_\_
- i. RABIES TAG NUMBER \_\_\_\_\_
- j. RABIES EXPIRATION \_\_\_\_\_
- k. MICROCHIP # \_\_\_\_\_
- l. Photo of Pet \_\_\_\_\_

**INT:** \_\_\_\_\_

- a. BREED \_\_\_\_\_
- b. Birth year \_\_\_\_\_
- c. Gender \_\_\_\_\_
- d. NAME \_\_\_\_\_
- e. COLOR \_\_\_\_\_
- f. WEIGHT \_\_\_\_\_
- g. LICENSE TAG NUMBER(required 30 days from lease signing)
- h. LICENSE EXPIRATION(required 30 days from lease signing)
- i. RABIES TAG NUMBER \_\_\_\_\_
- j. RABIES EXPIRATION \_\_\_\_\_
- k. MICROCHIP # \_\_\_\_\_
- i. Photo of Pet \_\_\_\_\_

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 Stewart Terrace 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