



# Privacy Act Data Cover Sheet

To be used on  
all documents  
containing personal  
information

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# Privacy Act Data Cover Sheet

## Email or Fax to one Housing Service Center only

From: \_\_\_\_\_

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

Applicant's Email Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Housing Service Center	Phone	Email Address	Fax
JEB Little Creek-Fort Story, Virginia Beach	757-462-8939	<a href="mailto:LittleCreekHousing@navy.mil">LittleCreekHousing@navy.mil</a>	757-462-1244
NAS Oceana, Virginia Beach	757-433-3268	<a href="mailto:OceanaHousing@navy.mil">OceanaHousing@navy.mil</a>	757-433-3310
NSA-Hampton Roads, Norfolk Northwest Annex, Chesapeake	757-445-2832	<a href="mailto:NSAHamptonRoadsHousing@navy.mil">NSAHamptonRoadsHousing@navy.mil</a> <a href="mailto:NWAnnexHousing@navy.mil">NWAnnexHousing@navy.mil</a>	757-445-6935
NAVSTA Norfolk NNSY, Portsmouth	757-445-2832	<a href="mailto:NorfolkHousing@navy.mil">NorfolkHousing@navy.mil</a> <a href="mailto:Portsmouthvahousing@navy.mil">Portsmouthvahousing@navy.mil</a>	757-444-1544
NWS Yorktown	757-847-7806	<a href="mailto:YorktownHousing@navy.mil">YorktownHousing@navy.mil</a>	757-847-7822

### SUBJ: PPV Housing Application Package

Please check documents included:

- Application for Assignment to Housing (DD Form 1746)
- Sex Offender Policy Acknowledgement & Disclosure Form
- PPV Housing Statement of Understanding
  
- Permanent Change of Station (PCS) Orders,
- Dependency Record: - Record of Emergency Data/Dependency Application  
(USN – NAVPERS 1070/602 Page 2; USMC – NAVMC 10922; USA & USAF – DD Form 93; USCG – 4170)
- Leave and Earnings Statement (LES) - USA, USAF, USMC and CG must provide for BAH verification
- Dual Military – Provide documentation for both members (orders & page2/RED)
- Custody Paper Work – Provide custody/divorce decree (If service member and/or spouse were previously married or legally separated and children will reside in the home for at least 6 months)
- Proof of Pregnancy - Provide letter with estimated due date noted by a healthcare professional
- Power of Attorney - Required if spouse or designated representative is completing application.
- Exceptional Family Program (EFMP) - Provide EFMP letter

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
<b>SECTION I - APPLICANT INFORMATION</b>					
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
				b. MILITARY SPOUSE	d. FOREIGN NATIONAL
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>			<b>SECTION II - MILITARY CAREER INFORMATION</b> <i>(Civilians skip to Item 15.)</i>		
a. SELF ONLY	b. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYYYMMDD order)</i>	MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM			a. EFFECTIVE RANK/RATE DATE		
			b. ACTIVE DUTY SERVICE COMPUTATION		
13. INSTALLATION/ORGANIZATION TRANSFERRED TO			c. TIME REMAINING ON ACTIVE DUTY		
			d. EFFECTIVE CHANGE IN DUTY STATION		
			e. REPORT DATE		
			f. ESTIMATED FAMILY ARRIVAL DATE		
<b>SECTION III - DEPENDENT DATA</b>					
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>(YYYYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>	
<b>SECTION IV - HOUSING DATA</b>					
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>(YYYYMMDD)</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>	20. LOCATION PREFERENCE <i>(Community Housing)</i>		
d. NO. BEDROOMS					
21. REMARKS					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <i>(YYYYMMDD)</i>	
<b>SECTION V - DISPOSITION</b> <i>(To be completed by the Housing Office.)</i>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <i>(YYYYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYYYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYYYMMDD)</i>	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>		
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYYYMMDD)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(YYYYMMDD)</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.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED <i>(YYYYMMDD)</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 Quarters (BAQ) 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.

# SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE

## PRIVACY ACT STATEMENT

**Authority:** 10 U.S.C. § 5013, 10 U.S.C. § 5041, 10 U.S.C. § 2831, DoD 4165.63-M and E.O. 9397.

**Principle Purposes:** To determine an individual's eligibility for Navy housing; including privatized housing.

**Routine Uses:** Used by region and installation housing office personnel to determine eligibility for Navy housing and by private partners who operate privatized Navy housing for management and operational purposes.

**Disclosure:** Voluntary; however, failure to provide the requested information may impact eligibility for Navy housing, including privatized housing.

**POLICY STATEMENT:** In accordance with OPNAVINST 1752.3, to the maximum extent permitted by law or otherwise waived by Commander, Navy Installations Command or the Chief of Naval Personnel (CNP), sex offenders are to be identified & prohibited from accessing Navy facilities and occupying Navy 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

	INITIAL
1. Military sponsors requesting assignment to Navy owned, leased or privatized housing are required to sign this acknowledgment and disclosure form.	
2. Occupancy of Navy 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 Navy owned, leased or privatized housing.	
4. Anyone found to be a sex offender after taking occupancy may lose the privilege of residing in Navy owned, leased or privatized housing, may be barred from the installation, and/or may be evicted. If eviction occurs you may be responsible for all relocation expenses.	
5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supports SJA/OGC offices, to include a copy of the applicant's DD 1746 and this form. All information will be forwarded to CNIC within two working days.	
6. Anyone found to have falsely certified this Acknowledgment shall be referred for barment or eviction, as appropriate, and may be responsible for relocation expenses.	
7. Denial of an application for assignment to Navy owned, leased or privatized housing under the applicable policy, may be appealed to the Region Commander 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 Navy's Housing Office and the Installation Security Office immediately if circumstances change so that this certification is no longer true.

Signature

Date

Print Name

Command

## PPV HOUSING STATEMENT OF UNDERSTANDING

1. Is your family residing in Government or PPV housing?  Yes  No

If yes, move-in date, location and address \_\_\_\_\_

2. An addition to my family is expected.  Yes  No

(HSC requires a doctor's written statement with the estimated due date of birth. Single service women must provide a BAH chit and pregnancy statement from doctor to include estimated due date.)

3. Are you enrolled in the Exceptional Family Member Program (EFMP)?  Yes  No

If yes, Category # \_\_\_\_\_ (All branches must provide a EFMP letter)

Do you have any special requirements? (i.e. single level, ramp, etc.) \_\_\_\_\_

4. Are you currently in a lease?  Yes  No

If yes, lease expiration date \_\_\_\_\_ Address \_\_\_\_\_

If yes, is your lease with a Rental Partnership Program (RPP) Complex?  Yes  No

If no where are you staying? (family/friend/hotel, etc.) \_\_\_\_\_

5. Do you have a pet?  Yes  No **Two pet (dogs/cats) LIMIT PHOTO REQUIRED AT MOVE-IN**

Residents **may not keep or permit** the following dog breeds in Housing: Chows, Doberman Pinschers, Presa Canarios, Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweiler's, any Wolf Hybrid, or any mix of the aforementioned breeds.

Pet #1: Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet #2: Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**Note:** Barnyard or exotic pets (reptiles, ducks, rabbits, chickens, ferrets, pigs, etc.) are **not allowed** in housing.

6. When do you need housing? \_\_\_\_\_

7. Housing Site Wait List Preference: \_\_\_\_\_

8. If your spouse signs a lease in your absence, you **must** provide both a General Power of Attorney (POA) and Special POA that states: "The individual has the authority to start, change, or stop an allotment on behalf of the service member." Without this statement in the Special POA, alternative payment arrangements must be made.

9. The waiting times for housing are only **estimates** and are subject to change.

10. Housing may not be immediately available. Waiting times begin upon detachment from the previous command, if service member applies within 30 days of reporting date.

11. You **must** be in receipt of Basic Allowance for Housing (BAH) or provide a statement on command letterhead stating when the BAH will start before you can be offered housing.

12. Dual Military Couples and Single Sailors, who occupy full BAH properties, will be charged rent at the BAH with dependent rate of the higher ranking service member.

<p>13. You must have <b>six months</b> or more remaining on my Projected Rotation Date (PRD) and End of Active Obligated Service (EAOS) to be assigned housing.</p>	
<p>14. If you have joint legal and physical custody of a dependent child for at least 6 months or 50 % of the time, will be considered for appropriate bedroom eligibility. You must provide proof of custody. Legal proof is a divorce decree or court issued custody paper work.</p>	
<p>15. An unmarried dependent child under 23 years of age who is enrolled full-time (i.e., course load of 2 hours or more) in an institution of higher learning, will be counted as a family member when determining bedroom eligibility, provided the child will be residing with the sponsor 6 months a year.</p>	
<p>16. Wounded Warriors have priority for single family and single level homes.</p>	
<p>17. <b>All</b> residents with weapons in housing <b>must</b> complete DD Form 2760 and submit to base security before any weapon may be brought into housing. Ref: COMNAVREGMIDLANTINST 5820.2.</p>	
<p>18. The Resident Energy Conservation Program (RECP) is aligned with the DON energy conservation initiative to reduce the amount of utilities consumed in PPV housing. This program transfers some responsibility for utilities costs from the PPV partnership to the residents. It accomplishes this by charging the residents for usage above the levels deemed to be normal for their location and housing type, by rewarding residents for conserving utilities, by issuing rebates to them when their utilities consumption is below certain target levels. Since the resident's BAH is intended to cover rent and "normal" utilities, the resident is only obligated to make out-of-pocket payments when actual usage exceeds the amount determined to be the "norm."</p>	
<p>19. You understand that when offered housing; you have 24 hours to accept or to decline. If you do not respond within 24 hours the home will be considered declined and released to the next available applicant.</p>	
<p>20. You should <b>not</b> give a lease termination notice until you have a firm move-in date from PPV partner. Any termination of existing off-base housing, including negotiations regarding a lease, is your responsibility and should follow the terms of your rental agreement.</p>	
<p>21. If you accept and sign a lease and then cancel before occupying housing, you will be <b>permanently</b> removed from the waiting list.</p>	
<p>22. Housing Service Center counselors are your advocates in dealing with landlord/tenant issues whether you are living in PPV housing or community housing.</p>	
<p><b>CERTIFICATION:</b> I have read and understand the information provided on this application is true and I understand that providing false information can result in immediate eviction from quarters and is punishable under Article 15 of the Uniformed Code of Military Justice (UCMJ).</p>	
Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>



# Information Release Form

I, \_\_\_\_\_ (Service member) give permission for the Navy Housing Service Center to share my contact and housing information, including PII, with Lincoln Military Housing \_\_\_\_\_ (the privatization partner) at \_\_\_\_\_ (installation).

I, \_\_\_\_\_ (Service member) DO NOT give permission for the Navy Housing Service Center to share my contact and housing information, including PII, with Lincoln Military Housing \_\_\_\_\_ (the privatization partner) at \_\_\_\_\_ (installation) for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Member Name: \_\_\_\_\_

X

Service Member Signature

Date

## FOR OFFICE USE ONLY

If not completed in person:

Permission received:  Over the Phone  By Email  Other: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

X

Counselor Signature

Date

**Contact Your Local Housing Service Center**

[www.cnmc.navy.mil/contacthousing](http://www.cnmc.navy.mil/contacthousing)