

# Application Card

*our reputation is our foundation*

### This section to be completed by the senior Service Member

Service Member Name: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (Duty): \_\_\_\_\_ (Home): \_\_\_\_\_  
 E-mail: \_\_\_\_\_ (Cell): \_\_\_\_\_  
 Phone (Spouse) \_\_\_\_\_ (Sp. Cell) \_\_\_\_\_  
 # Of Dependents including Spouse: \_\_\_\_\_  
 Service Rank: \_\_\_\_\_ Date of Rank: \_\_\_\_\_  
 UIC: \_\_\_\_\_  
 Currently in a Lease? Y or N If yes, till when? \_\_\_\_\_  
 Currently residing in privatized housing on another installation? Y or N \_\_\_\_\_  
 Can you terminate lease agreement? Y or N \_\_\_\_\_

**Client Consent:** I hereby give my consent and permission that LMH may use my contact information to contact me by phone, fax, and/or email. I intend for this consent to be effective both during and after the 90 day period following the date of my inquiry to LMH. I understand that this consent will terminate only when I notify LMH that I wish to revoke it.

Signature of Service Member \_\_\_\_\_

### To be completed by LMH Representative

**Qualifies for a \_\_\_\_\_ Bedroom home. (Based on # dependents and subject to verification - Court Document stating Custody Required)**

**Village Eligibility:** \_\_\_\_\_  
**Eligibility Date:** \_\_\_\_\_  
**Occupancy date Desired:** \_\_\_\_\_  
**LMH Transfer: Yes or No** \_\_\_\_\_

**Current Address on Post:** \_\_\_\_\_  
 \_\_\_\_\_

### To be completed by Service Member

**Pet(s):** \_\_\_\_\_  
**Breed(s):** \_\_\_\_\_  
**Limit of 2 pets per household.**  
**A Pet deposit of \$250.00 and a Non-Refundable Fee of \$250.00 per pet will be charged. Refund of the security deposit will be subject to terms and conditions set forth in the Family Occupancy Agreement and Resident guidebook.**

### Resident Vehicle Information

**Vehicle Type:** \_\_\_\_\_  
**Color:** \_\_\_\_\_  
**License / State:** \_\_\_\_\_

**Vehicle Type:** \_\_\_\_\_  
**Color:** \_\_\_\_\_  
**License / State:** \_\_\_\_\_

\*\*Dependents must reside in home with Service Member within 30 days of home being assigned. \*\*

### This section to be completed By a LMH Representative

**Contact Type**

E-mail \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 On-site \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Fax \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Expected Date of Departure from Ft. Sam Houston on PCS: \_\_\_\_\_

### To be completed by Service Member

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

**Soc. Sec. #** \_\_\_\_\_

**OCC #1 Name:** \_\_\_\_\_

**# Of Months Residing in Home Per Year:** \_\_\_\_\_

**Dependent Y or N DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OCC #2 Name:** \_\_\_\_\_

**# Of Months Residing in Home Per Year:** \_\_\_\_\_

**Dependent Y or N DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OCC #3 Name:** \_\_\_\_\_

**# Of Months Residing in Home Per Year:** \_\_\_\_\_

**Dependent Y or N DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OCC #4 Name:** \_\_\_\_\_

**# Of Months Residing in Home Per Year:** \_\_\_\_\_

**Dependent Y or N DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OCC #5 Name:** \_\_\_\_\_

**# Of Months Residing in Home Per Year:** \_\_\_\_\_

**Dependent Y or N DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other occupants must be pre-approved by LMH to reside in housing. Dependents must be approved through court documents stating proof of custody for more than 6 consecutive months per year. Documents must be received prior to move-in.**

### Criminal History

**Have you, your spouse, or any occupant listed on this application ever been detained or arrested for a felony?**

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

### Emergency contact (other than your dependents)

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

**Phone #:** \_\_\_\_\_

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

LMH Representative: \_\_\_\_\_ Client Consent \_\_\_\_\_

I hereby give my consent and permission that representatives of LMH may use my contact information to contact me by telephone, fax and or e-mail. I intend for this consent to be effective following the date of my inquiry for family housing at FSH. I understand that this consent will terminate only when I notify LMH that I wish to revoke.

