

# SAN DIEGO NAVY HOUSING ASSESSMENT PACKAGE

Submit your complete application package via fax: 619-556-8012 or email: web.housing@navy.mil

LAST NAME (SERVICE MEMBER)

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FIRST NAME

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MI

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PAY GRADE

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BRANCH OF SERVICE

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DATE HOUSING NEEDED IN SAN DIEGO

YEAR

2	0		
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MONTH

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DAY

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CONTACT EMAIL ADDRESS #1

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CONTACT EMAIL ADDRESS #2

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CHECK ITEMS THAT APPLY:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ROUTINE PCS ORDERS  | <input type="checkbox"/> PRE-COMMISSIONED SHIP | <input type="checkbox"/> HOMEPORT CHANGE ORDERS * |
| <input type="checkbox"/> HUMANITARIAN ORDERS | <input type="checkbox"/> INTERSITE RELOCATION  | <input type="checkbox"/> EFM PRIORITY HOUSING **  |

\* MUST PROVIDE HOMEPORT CHANGE CERTIFICATE  
\*\* MUST PROVIDE EFM VERIFICATION/DESIGNATION LETTER

- SAN DIEGO HOUSING APPLICATION PACKAGE (6 PAGES)
- PERMANENT CHANGE OF STATION (PCS) ORDERS TO SAN DIEGO
- DEPENDENCY PAPERWORK (MARRIAGE AND BIRTH CERTIFICATES WILL NOT BE ACCEPTED)  
 NAVY – RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION PAGE 2 (USUALLY 3-4 PAGES) OR DD 1172-2 WITH DIGITAL SIGNATURES IN SECTION III FROM AUTHORIZED OFFICIALS  
 MARINE CORPS – NAVMC 10922/RED  
 AIR FORCE AND ARMY – DD FORM 93

ADDITIONAL DOCUMENTATION REQUIRED, IF APPLICABLE:

- ALL BRANCHES INCLUDE A LEAVE AND EARNINGS STATEMENT (LES) FOR BAH VERIFICATION
- SERVICE MEMBERS AND SPOUSES WHO HAVE JOINT LEGAL AND PHYSICAL CUSTODY OF DEPENDENT CHILDREN FOR AT LEAST 6 MONTHS OR 50 PERCENT OF THE TIME, WILL BE CONSIDERED FOR APPROPRIATE BEDROOM ELIGIBILITY. SERVICE MEMBERS MUST PROVIDE LEGAL PROOF OF CUSTODY. LEGAL PROOF OF CUSTODY IS A DIVORCE DECREE OR COURT ISSUED CUSTODY PAPER WORK.
- PROOF OF PREGNANCY WITH ESTIMATED DATE OF BIRTH NOTED BY HEALTHCARE PROFESSIONAL
- DUAL MILITARY – PROVIDE DOCUMENTATION FOR BOTH SERVICE MEMBERS (PCS ORDERS AND DEPENDENCY PAPERWORK)

COMMENTS:

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**FOR OFFICE USE ONLY**

EM-1 SENT    EMH   COUNSELOR \_\_\_\_\_   SIGNATURE \_\_\_\_\_   DATE \_\_\_\_\_

**MILITARY FAMILY HOUSING  
PRE DETERMINATION ASSESSMENT**

*Write Legibly*

**Service Member Information**

Service Member Name: (Last, First, MI):		Gender:	DOB:	Complete SSN:	Cell Phone w/area code:	
Service Branch:	Pay Grade:	Date of Rank:	Date you Joined the Military:	EAS/EAOS:	Date Housing Needed:	
Military E-Mail:		Personal E-Mail:		Remarks: (Pregnant, LIMDU, Frocked)		
San Diego Command:		UIC/RUC:	PRD:	Detach Date:	Report Date:	

**Spouse Information, if Married**

Name: (Last, First, MI):		Gender:	DOB:	Complete SSN:	Cell Phone w/area code:	
Date of Marriage:	Personal Email:		Remarks (EFM, Pregnant, etc.):			

**Military Spouse Career Information, if Applicable (use complete dates)**

Service Branch:	Pay Grade:	Date of Rank:	Date you Joined the Military:	EAS/EAOS:		
Military E-Mail:		Are you Co-Located:		Do you have BAH?		
San Diego Command:		UIC/RUC:	PRD:	Detach Date:	Report Date:	

**Dependents Residing with Service Member (exclude spouse)**

Legal Name (Last, First, MI)	Date of Birth	Age	Gender	Relationship	EFM

**Agreement and Responsibilities**

1. I am aware the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Family Housing Office to release the information contained in this application to the Public Private Venture Partner (PPV) for purposes of placement on the waiting list and placement in a PPV home. I am aware that my pay records will be periodically verified by Family Housing and PPV staff for BAH purposes only. \_\_\_\_\_

2. I certify that the bona fide family members listed are acknowledged by the Department of Defense and will reside with me in government/privatization quarters for at least 6 consecutive months or more of each year. I further understand that I must keep the Family Housing Office informed of any changes in my status or family composition that could affect my eligibility for government/privatization quarters. \_\_\_\_\_

3. I understand the provisions with regard to transfer policy from one set of privatization quarters to another. I further understand that this will apply to this and future tours of duty in this area. \_\_\_\_\_

4. I certify that 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). \_\_\_\_\_

5. I authorize stoppage of BAH in order that quarters may be held for my occupancy beyond 30 days from the date that I am offered and accepted. \_\_\_\_\_

6. I fully understand that when I accept a privatized housing I forfeit my BAH entitlements, unless otherwise dictated by applicable regulations. I will continue to receive BAH when assigned to privatization, for rent payments of my chosen unit. \_\_\_\_\_

**I have carefully read and understand each and every item listed above. By signing below, I acknowledge and agree with each statement and condition included in the Agreement and Responsibilities and will fully comply with all such provisions.**

Privacy Act Statement AUTHORITY: 5 USC 301 Department Regulations PURPOSE AND USES: The principal purpose is to provide information on the requirement of military personnel for government/privatization quarters. The information is revised and filed in the Housing Office for use in assisting military personnel to obtain/maintain government/privatization quarters. EFFECTS OF NONDISCLOSURE: Disclosure of this information is voluntary; however, nondisclosure would make it difficult, if not impossible, to assist an individual in obtaining government/ privatization quarters.

Service Member Signature or a trusted agent with POA	Date:
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## FAMILY HOUSING ASSESSMENT CONTINUATION SHEET

Are you or your spouse currently living in Military or PPV Family Housing?  No  Yes If yes, please indicate where. \_\_\_\_\_  
 Are you currently in a lease?  No  Yes If yes, date it expires \_\_\_\_\_  
 Date housing needed \_\_\_\_\_ Housing site preference: \_\_\_\_\_

Are you eligible for priority housing? (i.e. Exceptional Family Member (EFM), Wounded Warrior (WW) or Key & Essential (K&E))  No  Yes If yes, provide supporting documentation. *EFM, WW, and K&E assignments are solely based on availability, medical needs and timeframe, not desired preference. Only one offer will be given under EFM, WW, and K&E and if it is declined, you forfeit priority assignment.*

Do you have any special requirements associated with EFM and/or WW? (i.e. single level, ramp, etc.) \_\_\_\_\_

Do you have an animal (dog or cat)?  No  Yes If yes, complete the information below. LMH requires all animals, including ESA or Service Animals, must have photos, license and date of last rabies shots presented on or before you sign your lease or pick up keys. Speak with your LMH counselor if you have questions.

Animal	Animals Name	Type	Breed	Weight	Age	Color
#1						
#2						

\_\_\_\_\_ I understand only select sites allow animals and it is my responsibility to be aware of the sites animal policy and size restrictions **prior** to selecting a site. I understand any damages caused to the unit or grounds by my animal(s) are my responsibility. Barnyard or exotic animals (**reptiles, ducks, rabbits, chickens, ferrets, pigs, etc.**) are **NOT ALLOWED** in any site.

\_\_\_\_\_ I understand residents may not keep or permit the following dog breeds in FH at any time: Chows, Doberman Pinschers, Presa Canarios, Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweiler, any Wolf Hybrid, or any mix of the aforementioned breeds.

### COURTESY MOVES

#### Eligible

Member is eligible for courtesy move when member receives PCS orders and applies for family housing within 30 days of reporting to his/her initial command in the San Diego area and housing is not available.

Members not eligible (bachelor) for family housing when PCS to San Diego area but becomes eligible due to change from member with no dependents to member with dependents, member must apply for family housing within 30 days of change of status to be eligible for courtesy move.

#### Forfeits Eligibility

Member fails to apply for family housing within 30 days of report date to San Diego Command.

Member fails to apply for family housing within 30 days of becoming eligible (i.e. marriage/pregnancy).

Member is referred to Lincoln Military Housing for housing, is offered a home and declines the home.

Member's orders are non-funded.

**This is to certify I have been briefed and understand the above. I understand I am responsible for moving expenses if I am not entitled to a courtesy move and when eligibility has been forfeited.** \_\_\_\_\_

### Emergency Contact

Name of a person not residing with you: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**How did you hear about us? Did a current resident refer you? If so, please provide their name, community and phone number below.**

Service Member Printed Name and Signature \_\_\_\_\_

Date \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

Please initial to the left of each statement	
	I understand that all of the contact information provided is accurate. Furthermore, I understand if the San Diego Housing Service Center personnel cannot leave a voice mail on the phone numbers provided or if the emails are no longer valid, my application will be cancelled.
	I understand if my spouse signs a lease in my absence, he/she <b>MUST</b> have a Power of Attorney that states: <b>"The individual has the authority to accept and sign a lease for Military Family Housing and start, stop, or change an allotment on behalf of the service member."</b>
	I understand I must have six months or more remaining on my San Diego tour of duty to be assigned Family Housing (FH).
	I understand Wounded Warriors have priority for single family and single level homes.
	I understand once I have accepted a home, I am removed from all waiting lists.
	After 30 days from application date, if I change my selected area, my new application control date will be effective the date of the change.
	I understand waiting times for Family Housing (FH) are estimates and subject to change.
	I understand and agree that it is my responsibility to provide the Housing Service Center (HSC) with any changes in duty station, family composition, contact information and paygrade.
	I understand FH may not be immediately available and wait times for FH are estimates and subject to change.
	I understand how my control date is determined, and my wait time begins upon detachment of my last permanent duty station. If applicable, I must provide my proof of detachment from my previous command 30 days from my reporting date to the ultimate duty station. If I change my selected area, my new control date will be modified.
	Dual Military families, who occupy full BAH properties, will be charged rent at the San Diego BAH with dependent rate of the higher-ranking service member.
	I understand I am eligible for TWO offers of housing (exclude priority assignment). There is no guarantee both offers will be made at the same time. I understand that I cannot specify a particular unit, street, or floor plan. If I decline both offers, I understand that my application will be cancelled and I will need to reapply.
	I understand when offered housing; <b>I have 24 hours to accept or to decline</b> . I understand if I do not respond within 24 hours the home will be considered declined. If I am offered a home that is occupied or undergoing maintenance, I will not be permitted to view the interior of the home, and once I accept a home I am removed from all waiting lists.
	I understand, I can decline military FH and may elect to live in the local community. I may request community rental listing by speaking to a Community Housing Representative
	I declare that I will only use the premises as a private residence for bona-fide family members, and will not sublet any portion.
	If I elect to accept smaller quarters or quarters outside of my rank, I fully understand I will not be able to reapply for another site unless I have an increase in my family size and/or rank that change my eligibility.

\_\_\_\_\_  
Service Member Printed Name and Signature

\_\_\_\_\_  
Date

Office Use Only:

Site: \_\_\_\_\_ Est. Wait: \_\_\_\_\_ Waitlist Mgr: \_\_\_\_\_ (619- \_\_\_\_\_ - \_\_\_\_\_)

# 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 (SSN)

**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 and CNICINST 5009.5, 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 having 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, and may be required to pay all relocation expenses unless prohibited by law or otherwise waived by competent authority.	
5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supporting OGC/FJA 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 Secretary of the Navy, 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 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



**INSTALLATION:** CNRSW N93 METRO San Diego

**PHONE:** (619)556-8443

**FAX:** (619)556-8012

**EMAIL:** web.housing@navy.mil

**WEBSITE:** https://sandiego.navylifesw.com/housing

# Information Release Form

I, \_\_\_\_\_ (Service member) give permission for the Navy Housing Service Center to share my contact and housing information, including PPI, with CNRSW N93 METRO San Diego (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 PPI, with Lincoln Military Housing (the privatization partner) at CNRSW N93 METRO San Diego (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.cnic.navy.mil/contacthousing](http://www.cnic.navy.mil/contacthousing)