



## **NAS Fallon Geographic Bachelor Housing (GB) Application Package**

**GB Berthing Special Requests** The following items **MUST** be included in order to process your GB Berthing Special Requests:

- ✓ NAS Fallon Unaccompanied Housing Application
- ✓ Statement of Understanding
- ✓ Continuation Sheet
- ✓ Permanent Change of Station (PCS) orders to Fallon
- ✓ Sex Offender Policy Acknowledgement and Disclosure
- ✓ GB Berthing Request Form
- ✓ Dependency Paperwork
  - Navy – NAVPERS 1070/602 (referred to as a RED/DA or PG2)
  - Marine Corps – NAVMC 10922
  - Air Force and Army – DD Form 93
- ✓ Reference NASFINST 11103.3D for priority consideration and provide supporting documentation as applicable:
  1. EFMP
  2. Financial hardship
  3. Housing Flexibility during PCS
  4. Space Available/"Space A"
- ✓ Applications are deemed complete once all required signatures have been obtained and supporting documentation has been supplied.
- ✓ All request packages must be routed through the Navy Housing Office.

**EMAIL APPLICATION PACKAGES TO: [FALLON\\_HOUSING@NAVY.MIL](mailto:FALLON_HOUSING@NAVY.MIL) OR FAX TO: (775) 426-2910**

**Navy Housing UH Office**  
**Hours of Operation:**  
**Monday – Friday 07:30 16:00**  
Office Phone: (775) 426-3270  
RA Phone: (775) 848-6750

**Navy Housing Service Center**  
**Hours of Operation:**  
**Monday – Friday 07:30 16:00**  
Office Phone: (775) 426-2809  
Alt. Phone: (775) 426-2933

**GEOGRAPHIC BACHELOR BERTHING REQUEST** Supporting Directive NASFINST 11103.3D

Type of Request

Select One.  Initial Request  180 Day Evaluation

**Section 1. General Information - To be completed by Service Member**

a. Name (Last, First, Middle) b. Rank/Rate

c. Duty Station transferring from d. Command Transferring to

e. Dates Unaccompanied Housing will be required: (ddmmmyyyy)  
From: To: f. Dependent location and household effects: (Street Address, City, State Zip)

**Section 2. Request Information - To be completed by Service Member**

	Yes	No	NA
1. Claiming EFMP as Category Level IV or V per OPNAVINST 1754.2F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Claiming financial Hardship: spouse employment, non-EFMP medical expenses, relocation difficulty due to natural disaster per CNICINST11103.14A (must submit supporting documents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Claiming transfer under Housing Flexibility during PCS policy per DoDI 1315.18 (must submit supporting documents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have submitted a request to maintain BAH entitlements at the previous duty station rate and provided a copy of my approval letter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have submitted a request to maintain BAH entitlements and the supporting documents are included with this package as required per base policy NASFINST 11103.3D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member Signature: Date:

**Section 3. Parent Command Endorsement**

On the basis of all available information, I  Recommend  Do Not Recommend

CO/OIC Name and Rank: CO/OIC Signature: Date:

**Section 4. Unaccompanied Housing Assignment Review Board Recommendation**

On the basis of all available information, I  Recommend  Do Not Recommend

UHARB Representative Name: UHARB Signature: Date:

**Section 5. Housing Director Recommendation - To be completed by the Housing Director (N9)**

**Priority 1:** EFMP. GB in Exceptional Family Member (EFM) Program as a level IV or V. Once assigned to Space "A", you will be housed for the duration of your tour.

**Priority 2:** Financial Hardship. Once assigned to Space "A", you will be housed in a protected status for 180 days. 30 days before your residency ends, your hardship status shall be reevaluated to determine if protected status should continue. Reevaluations continue every 180 days while in UH residence. Expiration Date: / /

**Priority 3:** Housing Flexibility. You are limited to Space "A" UH for 180 days. You acknowledge that if your dependents do not move within 180 days from approval, your status will change to Priority 4 effective immediately.

**Priority 4:** Space "A". Once assigned, you will be given 30 but no less than 7 days notice to vacate UH in order to accommodate housing for higher priorities.

On the basis of all available information, I  Recommend  Do Not Recommend

Name of Housing Director: Signature of Housing Director: Date:

**Section 6. Commanding Officer NAS FALLON**

**Approved**  **Denied**

CO Name and Rank: CO Signature: Date:

# NAVAL AIR STATION FALLON APPLICATION FOR UNACCOMPANIED HOUSING

## Section I APPLICANT INFORMATION

1. Name of Service Member (Last, First, Middle, Suffix)		2. Date of Birth	3. DOD ID #	4. Gender <input type="checkbox"/> M <input type="checkbox"/> F
5. Military Email Address		6. Personal Email Address		
7. (a) Home/Mobile Phone	(b) Duty/Work Phone		8. Pay Grade	

## Section II VEHICLE INFORMATION

9. Type/Make/Model	10. Color	11. License Plate Number	12. State Issued
13. Type/Make/Model	14. Color	15. License Plate Number	16. State Issued

## Section III MILITARY CAREER INFORMATION

17. Command Name	18. Duty Type Ship    Shore	19. Rate	20. Branch of Service
21. Report Date to PDS	22. Time Remaining on Active Duty/ EAOS		23. Projected Rotation Date

## Section IV CHAIN OF COMMAND/EMERGENCY INFORMATION

24. (a) LPO Name	(b) Rank/Rate	25. (a) Emergency Contact	(b) Relationship
(c) Department		(c) Address	
(d) Phone	(e) Email	(d) Phone	(e) Email

## Section V SPECIAL REQUESTS / COMMENTS

26. List any special requests pertaining to housing assignment, special allergies or BAH matters.

  
  

Applicant expresses representation that all of the information contained in the rental application(s) is true and correct to the best of Applicant's knowledge. Applicant further understands and agrees that, if it is later discovered that Applicant falsified any information on the application, such falsification is deemed to be a material violation of the Lease and is grounds for termination of this Lease as allowed by current state law.

27. Signature of Applicant	28. Date Signed
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### This Section To Be Completed by UH Management

29. Date Application Received	30. Building Number Assigned	31. Room Number Assigned
32. Signature of UH Management		33. Date Signed

<i>Paperwork Status:</i>  Copy of Current Orders Rcvd?                      Date: GEO BACH Application Received (if applicable)?    Date:	<i>Other Notes:</i>
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## UH APPLICANT STATEMENT OF UNDERSTANDING

Please initial each statement.

- \_\_\_\_\_ I understand that I must attend the unaccompanied housing (UH) orientation within 30-days of assignment
- \_\_\_\_\_ I understand that Command staff will conduct monthly room inspections. UH staff and RA's may conduct unannounced room inspections at any time during the week.
- \_\_\_\_\_ I understand if I am a day sleeper, I must register with the Building Manager.
- \_\_\_\_\_ I understand if my key does not work, I will notify the Building Manager immediately.
- \_\_\_\_\_ I understand that I must notify the building manager for any maintenance concerns immediately.
- \_\_\_\_\_ I understand that removal of furniture from rooms or lounges is strictly prohibited.
- \_\_\_\_\_ I understand tampering with smoke detectors in UH buildings is prohibited
- \_\_\_\_\_ I understand that I am prohibited from operating businesses in, or from, my barracks.
- \_\_\_\_\_ I understand appropriate clothing must be worn in and around UH buildings.
- \_\_\_\_\_ I understand smoking of all nicotine products is prohibited in UH buildings, including E-cigarettes (vapors).
- \_\_\_\_\_ I understand personnel **under 21** years of age may **NOT** consume or possess alcoholic beverages in UH.
- \_\_\_\_\_ I understand the lounge is open to residents Sun. -Thur. 0800 - 2200 and Fri. - Sat. 0800 -Midnight. Users are responsible for cleaning and emptying the trash after use.
- \_\_\_\_\_ I understand visitors are permitted only during the following hours: Sun.-Thur: 0800 - 2300; Fri.-Sat.: 0800 - Midnight; **No overnight guests, no exceptions.** Residents will accompany visitors at all times and are responsible for the visitor's behavior, conduct and actions, including any damages.
- \_\_\_\_\_ I understand residents in shared bedrooms may not use unassigned beds, closets or lockers as they are needed for incoming personnel.
- \_\_\_\_\_ I understand that no open flames are allowed (i.e. cigarettes, incense, candles, hot plates, etc.).
- \_\_\_\_\_ I understand a room change will not be allowed without proper permission of the Building Manager
- \_\_\_\_\_ I understand with the exception of guide dogs for the visually impaired and military working dogs in law enforcement capacity, all pets are prohibited.
- \_\_\_\_\_ I understand personal weapons must be registered with and stored at security.
- \_\_\_\_\_ I understand that I am required to provide the building manager with a complete and signed check-out cleaning checklist prior to check-out inspection

\_\_\_\_\_  
Service Member Printed Name

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

\_\_\_\_\_  
Date

**UH APPLICANT CONTINUATION SHEET  
(Geographic Bachelor)**

Please initial each statement.

\_\_\_\_\_ Geographic Bachelor (GB) is a Service Member in receipt of Basic Allowance for Housing (BAH) at the with-dependent rate, who has executed permanent change of station (PCS) orders that authorized the movement of dependents and has elected to not be accompanied by their dependents. The Installation Commanding Officer (ICO) may provide no more than five percent of permanent party barracks bedrooms for use by GBs without Region approval.

\_\_\_\_\_ The Geographic Bachelor Request is to be routed to the ICO via parent command and NASF Housing Director.

\_\_\_\_\_ A Monthly Budget Statement from the PFM and endorsement (Section 4 of GB Request Form) must be included if claiming financial hardship. Service Members requesting UH space due to financial hardship, once assigned to Space "A", will be housed in a protected status for 180 days. The Unaccompanied Housing Assignment Review Board (UHARB) will re-evaluate the case 30 days before the residency period ends to determine if the hardship still exists and if protected status should continue. Re-evaluations will continue every 180 days until member departs the installation or the hardship no longer exists.

\_\_\_\_\_ Supporting documentation must be provided if transferring under the Housing Flexibility during PCS Policy. If transferring under the Housing Flexibility Policy, once the PCS orders are executed, the Service Member is limited to Space "A" UH for a period of 180 days, not to be re-evaluated. If dependents have not moved within this time, or will not move to the new permanent duty station, the Service Member's status shall change to Priority 4.

\_\_\_\_\_ For those that are approved as a priority 3 under the Housing Flexibility Policy will automatically transition to a priority 4 Space "A" and will be given up to 30 days' but no less than 7 days' notice to vacate to accommodate higher priorities.

\_\_\_\_\_ Geographic Bachelors assignment standards include a shared unit with or without living area, shared bedroom and maximum two service members per bathroom.

\_\_\_\_\_ Requests must be submitted to maintain BAH entitlements at dependent location with supporting documentation (e.g. Copy of current Lease Agreement where dependents will reside; copy of current utility bill). Requests can be submitted prior to arrival, or 30 days prior to check-in.

\_\_\_\_\_ Room inspections will be conducted each month by housing staff. Should two failures occur, your Geographic Bachelor status will be reviewed by the UHARB.

\_\_\_\_\_ Ensure compliance with instructions and policies.

\_\_\_\_\_  
Service Member Printed Name

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

\_\_\_\_\_  
Date

# 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