

NAS FALLON APPLICATION FOR ASSIGNMENT TO HOUSING

Service Member Information:

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|--|------------------|------------------|-------------|----------------------------------|
| Service Member name: (Last, First, MI) | | Complete SSN: | Rate/Grade: | Branch of Service: |
| Cell Phone: | Military E-mail: | Personal E-mail: | | Remarks: (Pregnant, LIMDU, etc.) |

Military Career Information: Gaining Command, use complete dates (yy/mm/dd)

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|-------------------------------|-----------------------------|------------------------------------|---------------------|-------------|
| Fallon Command: | UIC: | Date You Report to Fallon Command: | (PRD) from Fallon : | Work Phone: |
| Date You Joined the Military: | Date You Made Current Rank: | Date Detached Last Command: | EAOS: | |

Spouse Information, if married:

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|-------------------------|-------------|------------------|--------------------------------|--|
| Name: (Last, First, MI) | | | | |
| Date of Birth: | Sex: | Complete SSN: | Remarks: (EFM, Pregnant, etc.) | |
| Cell Phone: | Work Phone: | Military E-mail: | Personal E-mail: | |

Military Spouse Career Information: if applicable (use complete dates)

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|----------------------------------|--------------------------------|-----------------|------------------------|----------------------------------|------|
| Pay Grade: | Branch of Service: | Fallon Command: | UIC: | Date Reported to Fallon Command: | PRD: |
| Date Spouse Joined the Military: | Date Spouse Made Current Rank: | EAOS: | Detached Last Command: | Work Phone: | |

Dependents Residing with Service Member: (other than spouse)

| Name: (Last, First, MI) | Date of Birth: | Sex: | Relationship: | EFM/Special Requirements: |
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| Arrival Date to Fallon: | Date Housing Needed: | Would you like a Student Sponsor for your 6 th -12 th grader? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If You Would Like a Student Sponsor:

| | |
|--------------------------|----------------|
| Name of Student: | Grade: |
| Student or Parent Email: | Contact Phone: |

Privacy Act:

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 information contained in this application to the Public Private Venture (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.

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| Signature of Applicant: X | Date: |
|-------------------------------------|--------------|

Applicant DOB: ___/___/___