



NAS Fallon Housing Application Package

Navy Housing Service Center

SVM Name:
DOB:
Rate/Rank:
Phone:
Work Phone:
Email:
Work Email:

Date Requesting Housing:
Spouse Name:
Phone:
Email:
Work Email:
Date of Marriage:

The following items **MUST be included in order to process your application package:**

- NAS Fallon Application For Assignment To Housing
- Statement of Understanding
- Pet Policy Acknowledgement & Disclosure
- Firearms Qualification and Disclosure
- Sex Offender Policy Acknowledgement & Disclosure
- Courtesy Move (household goods entitlement)
- Permanent Change of Station (PCS) orders to Fallon
- Dependency Paperwork
 - ✓ Navy – PG2 (NAVPERS 1070/602 Dependency Application)
 - ✓ Marine Corps – NAVMC 10922
 - ✓ Air Force and Army – DD Form 93

Additional documentation **required with application, if applicable:**

- Any one of the following items may be provided to update control date: Detaching Information Sheet/Transfer Sheet, Stamped orders or copy of last EVAL.
- Custody paperwork (if service member and/or spouse were previously married or legally separated and children will reside in the home for 6 months of the year or Command approved family care plan.
- 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).
- Geographical Bachelor Request Package
- Liberty transfer form.

Attention animal owners:

- Please email Fallon_Housing@navy.mil a current photo of your pet(s) with housing application.
- Only two animals are allowed within Liberty Military Housing Community.
- The following breeds are **restricted** within the community: Chows, Doberman Pinchers, Presa Canarios, Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweiler, and Wolf Hybrid , or any mix of the aforementioned breeds. Barnyard or exotic pets (reptiles, ducks, rabbits, chickens, ferrets, pigs, etc.) are **not** allowed.

Navy Housing Service Center
 Monday – Friday 0730 - 1600
 Phone: (775) 426-2809
 Fax: (775) 426-2910
 Fallon_Housing@navy.mil

Liberty Military Housing
 Monday – Friday 0830 - 1730
 Saturday 0900 - 1300
 Phone: (775) 423-9569
 Fax: (775) 423-2001

For Office Use Only

UIC/PRD:	CONTROL DATE
Animal Photo Obtained: YES NO N/A	Member Qualifies for: 2 3 4
Special Housing Needs: YES NO	Date Referred to PPV/LMH:

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
SECTION I - APPLICANT INFORMATION					
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
		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>			SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>		
a. SELF ONLY	b. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYMMDD order)</i>	MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM			a. EFFECTIVE RANK/RATE DATE		
			b. ACTIVE DUTY SERVICE COMPUTATION		
			c. TIME REMAINING ON ACTIVE DUTY		
13. INSTALLATION/ORGANIZATION TRANSFERRED TO			d. EFFECTIVE CHANGE IN DUTY STATION		
			e. REPORT DATE		
			f. ESTIMATED FAMILY ARRIVAL DATE		
SECTION III - DEPENDENT DATA					
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>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>	
SECTION IV - HOUSING DATA					
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>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>
a. FURNISHED	e. NO. BATHS	20. LOCATION PREFERENCE <i>(Community Housing)</i>			
b. UNFURNISHED	f. PETS <i>(Allowed)</i>				
c. AIR CONDITIONING	g. OTHER <i>(Explain)</i>				
d. NO. BEDROOMS					
21. REMARKS					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <i>(YYMMDD)</i>	
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>		
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>		
SECTION VI - HOUSING REFERRAL CERTIFICATE					
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>(YYMMDD)</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*).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- 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.
- Enter your official report date (*from your PCS orders*).
- 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

- Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- Date Unit Assigned.** Enter the date the unit was assigned.

HOUSING APPLICANT STATEMENT OF UNDERSTANDING

Please initial each statement.

- _____ I understand that FH may not be immediately available. Waiting times for FH generally begin upon detachment from the last permanent duty station. In order to provide fairness and equality, a temporary application effective date, or control date, is given based on the month listed on the orders. This temporary date is the last day of the month until actual departure date documentation is provided then control date will be modified. I understand waiting times for Family Housing (FH) are estimates and subject to change.
- _____ I understand that I **must** disclose of and register all privately owned firearms.
- _____ I understand Wounded Warriors have priority for single family and single level homes.
- _____ 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 upon arrival to Fallon, Nevada.
- _____ I understand I must have six months or more remaining on my Fallon tour of duty to be assigned FH.
- _____ I understand I will not be eligible to reapply for larger quarters if I accept smaller quarter than those to which I am entitled unless my current family composition changes. (Note: No more than two children shall share a room)
- _____ I understand when offered housing; I have 24 hours to accept or to decline. I understand if I do not respond within 24 hours the home will be considered declined and released to the next available applicant.
- _____ I understand that once I accept a home I am removed from all waiting lists.
- _____ Service members must be in receipt of Basic Allowance for Housing (BAH) before they can be offered housing.
- _____ Dual Military couples will be charged rent at the Fallon BAH with dependent rate of the higher ranking service member.
- _____ In the event that the service member is not able to physically or digitally sign the lease, the spouse MUST have both a general and a 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.
- _____ I understand only two pets are allowed and it is my responsibility to be aware of the pet policy and restrictions prior to selecting a home. I understand any damages caused to the unit or grounds by my pet(s) are my responsibility. Barnyard or exotic pets (reptiles, ducks, rabbits, chickens, ferrets, pigs, etc.) are NOT ALLOWED.
- _____ I understand the following breeds are not permitted in FH at any time: Chows, Doberman Pinchers, Presa Canarios, Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweiler, and Wolf Hybrid, or any mix of the aforementioned breeds.

Service Member Printed Name

Service Member Signature

Date

PET POLICY ACKNOWLEDGEMENT & DISCLOSURE

All Current and Future NASF Family Housing Tenants

Do you have a pet? Yes No

Photos of each pet and date of last rabies vaccine will be required upon move in.

The tenant at Naval Air Station Fallon (NASF) Family Housing may keep up to two pets on the premises. Exotic and Barnyard animals (reptiles, ducks, rabbits, chickens, ferrets, pigs, etc.) are prohibited at NASF Family Housing.

Please be advised the following breeds are not permitted: Chow, Doberman Pinscher, Presa Canario, Pit Bull (American Pit Bull Terrier, American Stafford Terrier, and Staffordshire Bull Terrier), Rottweiler and Wolf Hybrid, or **any** mix of the aforementioned breeds.

The tenant is fully liable for any injuries and damages caused by the pet to a person or property. If the tenant violates any rule or provision of the pet policy, the tenant will be required to remove the pet promptly and permanently from the community.

NOTE: It is the responsibility of the pet owner to update the Housing Office of any new pets in the home.

Description of Pet (1)			
Type of Animal:	Name of Animal:	Weight:	Breed:
Color:	Age:	Gender:	Rabies Vaccine Tag #:
Service Animal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Comments:	
Description of Pet (2)			
Type of Animal:	Name of Animal:	Weight:	Breed:
Color:	Age:	Gender:	Rabies Vaccine Tag #:
Service Animal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Comments:	

Service Member Printed Name

Service Member Signature

Date

Personnel residing in Liberty Military Housing *MUST* register *ALL* firearms *within 72 hours* of occupying any family housing unit with NAS Fallon Pass & ID office.

- 1. Complete DD Form 2760, Firearms Policy Letter (Qualification to Possess Firearms/Ammunition) & NAS Fallon Housing Occupant Weapons Registration Form**
- 2. Provide completed forms to NAS Fallon Pass & ID (Visual inspection will be conducted on UNLOADED firearms. DO NOT bring firearms *into* the building)**
- 3. Upon completion provide the Navy Housing Office with the CLEOC Weapon Registration Copy.**

WHERE TO REGISTER FIREARMS:

NAVAL AIR STATION FALLON PASS & ID

Hours/Days of Operation: M-F

(Closed Weekends and Holidays) 0600-1600

4755 Pasture Rd. Fallon, NV. 89496

775-426-2399

QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922(g)(9); E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

DISCLOSURE: Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
 - (a) a current or former spouse, parent or guardian of the victim,
 - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)*

YES	NO	I DON'T KNOW <i>(Provide explanation on reverse)</i>
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2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED <i>(YYYYMMDD)</i>

3. CERTIFICATION. I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. SOCIAL SECURITY NUMBER
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED <i>(YYYYMMDD)</i>

NAS Fallon
Housing Occupant Weapons Registration



Name of Sponsor: _____
Last Name First Name Rate/Rank

Command: _____ Department: _____

Home Address: _____

Phone #: _____
Home Cell Work

WEAPON DESCRIPTION

MAKE/MODEL	TYPE <small>(ie: Rifle, Pistol, Shotgun, etc.)</small>	GAUGE/CALIBER	SERIAL #	COLOR/FINISH

ADDITIONAL DESCRIPTION (REMARKS): _____

PRIVACY ACT STATEMENT

General: This form is provided pursuant to Public Law 93—579 (Privacy Act of 1974).
 Authority: 5 USC 301 Department Regulations.
 Principle Purpose: Registration of weapons.
 Routine Use: Use as reference-e of Weapons Ownership/ Possession on base, proof of ownership.
 Disclosure: Disclosure is voluntary. Weapon will be denied base access if information is not provided.

SIGNATURE OF OWNER	DATE
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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

INTRA-STATION or COURTESY MOVE (HOUSEHOLD GOODS ENTITLEMENT)

Based on Commander, Navy Installations Command (CNIC) policy to qualify for a courtesy move you must meet the following:

Eligibility

- ✓ 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 Fallon area and housing is not available.
- ✓ Member not eligible (bachelor) for family housing when PCS to Fallon 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 Fallon 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 and is offered a home and declines the home.
- ✓ Member's order are non-funded
- ✓ Member voluntarily removes him or herself from the waitlist. (The Member is required to request removal by email, in writing, or fax.)

This is to certify I have been briefed and understand the CNIC policy on intra-station funded courtesy moves. CNICINST 11103.12, NAVY HOUSING AND INTRA-STATION MOVES, provides the full Navy policy and guidance concerning the payment and eligibility for local intra-station moves of accompanied personnel into privatized housing." I understand I am responsible for moving expenses if I am not entitled to an intra-station move or if my eligibility has been forfeited.

Print Name

Signature

Date

OFFICE USE ONLY

(Report Date)

(Date of application)

(Misc. Notes)



Name: _____

Phone: _____

Have you lived in Liberty Military Housing before? Yes No

If yes, please answer the following questions:

Previous District's Name: _____

Previous Address: _____

Transfer Requirements: Initial Each Statement

- ____ Transfer not authorized if PRD or EAOS are within 6 months of expected move in date.
- ____ DM will review Resident's rental history before approving transfer.
- ____ Transfer process will not commence if outstanding balance is unpaid at prior district, if there are prior lease violations, or excessive damages in prior home.
- ____ Move out charges must be paid at Final Inspection with certified funds.

I hereby understand and must meet all transfer requirements listed above.

X

Resident's Signature

Date