



## NAS Fallon Housing Application Package

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

- ☐ NAS Fallon Application
- ☐ Application Continuation Sheet
- ☐ Statement of Understanding
- ☐ Courtesy Move (household goods entitlement)
- ☐ Sex Offender Policy Acknowledgement & Disclosure
- ☐ 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
- Lincoln transfer form.

Attention animal owners:

- Please email [Fallon\\_Housing@navy.mil](mailto:Fallon_Housing@navy.mil) current photo of your animal(s) with housing application.
- Only two animals are allowed within Lincoln Military Housings 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

Hours of Operation:  
Monday - Friday  
07:30 - 16:00

Phone: (775)426-2809  
Fax: (775) 426-2910

Department Email: [Fallon\\_housing@navy.mil](mailto:Fallon_housing@navy.mil)

### Lincoln Military Housing

Hours of Operation:  
Monday – Friday 0830-1730  
Saturday 0900-1300  
Phone: (775) 423-9569  
Fax: (775) 423-2001

District Manager:  
Stacy Brewster - [sbrewster@lpsi.com](mailto:sbrewster@lpsi.com)

Assistant District Manager:  
Teresa Leon – [teleon@lpsi.com](mailto:teleon@lpsi.com)

Customer Service Representative:  
Angela Howard - [anhoward@lpsi.com](mailto:anhoward@lpsi.com)

## NAS FALLON APPLICATION FOR ASSIGNMENT TO HOUSING

### Service Member Information:

*Service Member name: (Last, First, MI)		*Complete SSN:	*Rate/Grade	*Branch of Service:
*Cell Phone:	Alt Phone:	Military E-mail:	*Personal E-mail	
*Applicant DOB:	*Date of Marriage:	*Number of Dependents:	Remarks: (Pregnant, LIMDU, etc.)	

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

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:

*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)

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:

*Arrival Date to Fallon:	*Date Housing Needed:	Would you like a Student Sponsor for your 6 <sup>th</sup> -12 <sup>th</sup> 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.

<b>Signature of Applicant:</b> X	<b>Date:</b>
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## HOUSING APPLICATION CONTINUATION SHEET

Check YES or NO to the following questions:

Are you presently in Military Housing? ☐ Yes ☐ No

Have you ever resided in Military Housing in Fallon? ☐ Yes ☐ No

If yes, date vacated and address \_\_\_\_\_

Are you eligible for priority housing? (i.e. Exceptional Family Member Program. Wounded Warrior, Key & Essential, DI School) ☐ Yes ☐ No ***If yes, please provide supporting documentation. Only one offer will be given under priority assignment.***

Do you have any special requirements? (i.e. single level, ramp, etc.) \_\_\_\_\_

Are you currently in a lease? ☐ Yes ☐ No

If yes, date expires \_\_\_\_\_

If no, where are you staying? (i.e. family/friend, hotel, etc.) \_\_\_\_\_

When do you need housing in Fallon? \_\_\_\_\_

Do you have a pet? ☐ Yes ☐ No If yes, please complete the information below. ***NOTE: Photos of each pet and date of last rabies shot will be required upon move in.***

### Pet #1:

Pet Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

### Pet #2:

Pet Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

**NOTE:** Barnyard or exotic pets (reptiles, ducks, rabbits, chickens, ferrets, pigs, etc.) are **NOT ALLOWED**

If my spouse signs a lease in my absence, he/she MUST have both a general POA and 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.

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

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

\_\_\_\_\_  
Last 4 of SSN

\_\_\_\_\_  
Date

## HOUSING APPLICANT STATEMENT OF UNDERSTANDING

Please check each statement.

I understand waiting times for Family Housing (FH) are estimates and subject to change.

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 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 canceled and I will need to reapply upon arrival to Fallon, Nevada.

I Understand that if I am offered a home that is occupied or undergoing maintenance, I will not be permitted to view the interior of the home.

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.

**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 residents my not keep or permit the following dog breed 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

\_\_\_\_\_  
Last 4 SSN

\_\_\_\_\_  
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

## 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)**

# LINCOLN MILITARY HOUSING

*Every Mission Begins at Home™*

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

SSN# \_\_\_\_\_

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

Have you lived in Lincoln Military Housing before?      Yes      No

If you answered yes, please answer the following questions:

Old District's Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

## Transfer Requirements:

- ~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

Navy Standard Integrated Personnel System  
DETACHING INFORMATION REPORT

Personal Data - Privacy Act of 1974

Run Date: 03/15/2012  
Page No: 1 of 1

Support UIC:  
Activity UIC:

SSN:

BR/CL: USN

LOSS TYPE: Activity Loss

LOSS REASON:

UIC REPORT TO:

LEAVE DAYS AUTH:

ESTIMATED ARRIVAL DATE:

ORDERS DATA

NAME:

LOSS DEPARTURE DATE:

PROCEED DAYS AUTH:

RATE/RANK: /

DETACHING UIC:

ULTIMATE UIC:

TRAVEL DAYS AUTH:

**\*This document is an example only. Any alterations submitted will not be accepted. See your CSD office to get official document.**



# Verify Auto-populated Dependency Application Form (NAVPERS 1070/602)

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***Applies to:*** Service Member

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## Introduction

Before you generate the completed NAVPERS 1070/602 document, you need to verify the information is correct. Go through the document and verify the following information:

- Personal information including name, SSN, Paygrade, Branch/Class, and UIC
- Spouse's information including name and address
- Children's/Dependent's information including name, relationship, date of birth, address

If any of the information is incorrect, go back to the **My Personal Data** page and make the necessary changes before you sign and submit the form.

## Procedure

1. Click the **RED/DA Start Page** link from the **ESR Home Page**.
2. Click **OK** to acknowledge the Privacy Act Statement.
3. If the **Forms** section states Signature Required under NAVPERS 1070/602, this indicates changes were made to the form.
4. Select the **NAVPERS 1070/602** hyperlink.
5. Click **Open**.
6. Verify the information is correct.

**NOTE:** If changes are necessary, go back to the **My Personal Data** page to make the necessary adjustments.

7. Click **Block 47** to apply a digital signature.

8. Click **OK** to acknowledge the system message.
9. Click **Sign**. (enter your CAC PIN, if requested)
10. Scroll down and click the **Submit** button on the form.
11. Click **here** to acknowledge the notification that the form was successfully loaded.
12. Click **Return**.
13. The **NAVPERS 1070/602** form you just signed will now read Signed.
14. If you had to digitally sign a 1070/602 (DA), add comments in the **Comments** section on the **Summary** tab by expanding the field and entering information pertaining to your (DA) request that requires further explanation that will aid in getting your application processed by your Personnel Office.
15. On the **Summary** tab, click the **Summary of Changes** hyperlink and review your changes for accuracy.
16. Click **Continue** to return to the **Summary** tab.
17. Click the **Submit** button to submit your 1070/602 (DA) to your Personnel Office for review and approval

**NOTE:** If there is an issue with your request it will be recycled back to you with further guidance on what is needed to complete your request.

18. Click **OK** to acknowledge the submit confirmation notification.

**NOTE:** Once your NAVPERS 1070/602 (DA) has been approved and entered into your Official Military Personnel File (OMPF) you can retrieve a hard copy by going to **RED/DA Inquire** and selecting the form.