



Application for Lewis-McChord Communities

www.jblmc.com



Name - Sponsor (Last, First, Middle Initial)			Name - Spouse (Last, First, Middle Initial)		
Rank / Pay Grade	Date of Birth	SSN	If Dual Military Rank / Pay Grade	Date of Birth	SSN - only needed if Dual Military
Sponsor's Phone #			Spouse's Phone #		
Sponsor Civilian Email Address:			Spouse Civilian Email Address:		

Visit our website at JBLMC.com for current Waitlist Times and Qualifications

SELECT ONE WAITLIST/ BEDROOM SIZE: Name can only be on one waitlist at a time

WHEN IS YOUR DESIRED MOVE IN DATE? Wait times may vary based on availability

Homes are assigned per "Live Where You Work" meaning that you have a higher priority on the side of the installation (Lewis or McChord Air Field) to which you are assigned. Choosing a housing community where you are not assigned may result in longer wait times.

DEPENDENT INFORMATION - Dependents must reside with Sponsor more than 6 consecutive months per year. Proof will be required for custody cases. Family members must reside in your home within 30 days of move-in in order to qualify for family housing.

Name (Last, First, Middle Initial)	age	Date of Birth	sex	Relationship to Sponsor	Name (Last, First, Middle Initial)	age	Date of Birth	sex	Relationship to Sponsor

MILITARY CAREER INFORMATION	Sponsor	If spouse is military	Coming from a dependent restricted tour? Yes No	If Yes, Please include orders for review
Branch of service			Is your spouse active duty military? Yes No	If Yes, Please include orders and DD1172
Effective date of Rank/Rate			Have you lived at Lewis-McChord Communities or with Lincoln Military Housing before? Yes No	
Date signing out of current duty station per DA31			if Yes, when?	Address or Community:
Report Date per Orders			Do you have Pets? YES NO How Many?	\$250 deposit per pet (max 4)
Date arriving to JBLM			Note: Service members residing in privatized housing under the Army's Residential Communities Initiative (RCI) may not board any dog or a breed (including mixed breed) that is deemed "aggressive or potentially aggressive". These breeds are defined as Pit Bulls (American Staffordshire Bull Terriers or English Staffordshire Bull Terriers), Rottweilers, Doberman Pinschers, Chows, and Wolf Hybrid.	
Military Brigade/Unit/Squadron				

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby give my consent and permission that representatives of LMH may use my contact information to reach me by telephone, fax, text or e-mail. I intend for this consent to be effective following the date of my inquiry for family housing at LMH. I understand that this consent will terminate only when I notify LMH that I wish to revoke. **Applications pending additional information will be destroyed after 10 days and applicant(s) must reapply.**

A copy of Official Orders to JBLM or ERB/ORB/SURF (accepted if stationed here longer than 6 months) and a DD1172, signed and dated within the last 30 days must be attached in order to process application

Signature - Sponsor _____ Date _____ Signature - Spouse (required if dual military) _____ Date _____

Please email all completed applications to leasingervicecenter@livelmh.com or fax to 253.912.2151

FOR OFFICIAL USE ONLY

Qualifying number of Bedrooms: 2 3 4 5 Circle all that apply Verified no money owed YES

Wait list _____ AMI _____ Leasing Coordinator _____

Priority 2 Assigned to Location - Lewis McChord Priority 3 Incoming - Lewis McChord Priority 3 Assigned Elsewhere _____

Eligibility Date _____ PER: Orders DA31 Application DOM Other: _____

Availability Date _____ ASAP Last day of Current Month DEFERRED Same as report date or DA31

IN NOTE: LC Name/Date/add to "WL Rank Bdrm"/AMI /Elig Date "date per "/Assigned to Lewis or Mcchord /#Pets/"Any Notes Below / LC initials

Pets # None Discuss WL options Discuss LWYW

Received By and Date:	Audited By and Date:	Entered into Yardi By and Date:
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**Disclosure Statement of Registered Sex Offenders Applying for Government Owned, Leased,
Unaccompanied or Privatized Housing**

Privacy Act Statement

Authority: DoD 4165.63M, and E.O. 9397 (SSN). Army Regulation 420-1, Chapter 3. Sex Offender Registration and Notification 42 U.S.C § 16901-16962.

Principal Purpose: to determine an individual's eligibility for Army government owned, leased and privatized housing.

Routine Uses: Used by region and installations housing office personnel to determine eligibility for Army owned and leased housing; and by private partners who operate privatized Army housing for management and operational purposes.

Disclosure: Voluntary; however, failure to provide the requested information may impact eligibility for Army owned and leased housing, including privatized housing. Falsification of this form or any other information pertaining to your criminal history or your authorized dependent's sexual offender status may result in immediate denial of your application for or retention of military, government-managed or privatized housing.

POLICY STATEMENT

In accordance with DoD 4165.63M and Army Regulation 420-1, Chapter 3, to the maximum extent permitted by law. Sex offenders are to be identified and possibly prohibited from accessing Army installations with exception to privileges granted and occupying government owned, leased or Privatized housing.

Sex Offender Definition: Any person having been 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).

ACKNOWLEDGEMENT

1. Have you been convicted of a sex offense that requires registration in accordance with the Sex Offender Registration and Notification Act? Yes _____ No _____

2. Has anyone who intends to reside with you in government owned, leased, privatized or unaccompanied housing ever been convicted of a sex offense that requires registration? Yes _____ No _____

PROCEDURES

1. Military sponsors/Civilians submitting DD Form 1746, Application for Assignment to Housing (government owned, leased or privatized) are required to sign this acknowledgement and disclosure form. **Initial** _____
2. Occupancy of government owned, leased or privatized housing will not be approved for otherwise eligible applicants, if the applicant, or any authorized dependent, or live-in aide, residing in the home is a sex offender. **Initial** _____
3. Information disclosed in this form may be used to deny or approve housing and may further be used to access to the installation. **Initial** _____
4. Anyone found to be a sex offender after taking occupancy may lose the privilege of residing in government owned, leased or privatized housing, may be barred from the installation, and/or may be evicted, and will be required to pay all relocation expenses unless prohibited by law or otherwise waived by competent authority. **Initial** _____
5. The Installation or Regional Housing Office will immediately forward information regarding identified sex offenders to the Installation Provost Marshal and supporting Directorate of Emergency Services and supporting Staff Judge Advocate (SJA) office, to include a copy of the applicant's DD form 1746 and this Acknowledgement and Disclosure form. All information will be provided to Provost Marshal within two working days. **Initial** _____
6. Anyone found to have falsely certified this Acknowledgement shall be referred for barment or eviction as appropriate, and will be responsible for relocation expenses. **Initial** _____
7. Denial of an application for assignment to government owned, leased or privatized housing under the applicable policy, may be appealed to the Garrison Commander. **Initial** _____

CERTIFICATION

I have read and understand the policy. By signing this document, I swear or affirm the information provided in this document is true and accurate to best of my knowledge. I understand the policies, procedures and consequences described in this form, and that they apply to all persons who will reside with me. I understand that I am required to notify the installation housing office or privatized housing property management office immediately if circumstances change.

Signature of Applicant:

Date:

Signature of Applicant:

Date:

Signature of Housing Service Manager:

Date: