FAMILY HOUSING COVER SHEET

Submit your complete application packet via fax: 619-556-8012 or Email: SanDiego Housing@navy.mil

	Information Desk: 619-556-8443	
CHECK ITEMS THAT APPLY:		
ROUTINE PCS ORDERS HUMANITARIAN ORDERS	PRE-COMMISSIONED SHIP INTERSITE RELOCATION	HOMEPORT CHANGE* EFM CAT 4/5 PRIORITY**

*MUST PROVIDE HOMEPORT CHANGE CERTIFICATE ** MUST PROVIDE VERIFICATION/DESIGNATION LETTER

Thank you for your interest in Navy Family Housing (FH), San Diego. If you are an active-duty service member with qualifying dependents assigned to Metro San Diego, you may be eligible. For Navy FH to determine your eligibility you must submit all the required paperwork with the attached document to the eligibility team at SanDiego Housing@navy.mil Do not send an incomplete housing application.

A complete housing application packet must contain the following:

- Official San Diego Permanent Change of Station Orders if your PRD and/or your EAOS has expired or will expire in less than six months, you may not be eligible. If they are less than six months you will be asked for additional documentation. Letters of Intent are for planning purposes only and not official orders.
- Official Dependency Paperwork All dependency paperwork must be current and officially signed/certified as requested.
 - All **USN** Personnel must provide the Official NAVPERS 1070/602 that is approved with Digital Signatures in block 51 from Authorized Officials. Be advised if you submit dependency paperwork that is incomplete or erroneous your determination of eligibility will be delayed.
 - All **USMC** Personnel must provide their NAVMC 10922/RED or DD 1172-2 with Digital Signatures in Section III from Authorized Officials.
 - USA and USAF Personnel must provide their DD 1172-2 with Digital Signatures in Section III from Authorized Officials.
 - **USCG** Personnel must obtain a DD-1747 from the Coast Guard Office or call 330-327-5079 prior to submitting your application packet.
- Latest Leave and Earning Statement
- Service members and/or spouses who have joint legal and primary physical custody of dependent children for at least six months or greater than 50% of the time will be considered for appropriate bedroom eligibility. Legal proof of custody is a finalized divorce decree or finalized court issued custody paperwork. There are no exceptions.
- Priority Assignment for Family Housing supporting documentation such as EFM letter and/or Wounded Warrior letter/orders.
- Proof of Pregnancy with estimated date of birth AND signed by a healthcare professional.
- Dual Military Couples Provide all documentation for both service members REGARDLESS of co-location status. (PCS orders and dependency paperwork)
- Families in the midst of marital separation and/or divorce may not be eligible for Navy FH. Final determination is based on court issued custody documents provided.

***** Please include the following information in block 21 of the DD Form 1746 *****

- Service members official email as well personal email addresses
- Spouse's email address and phone number

mp Nov 2, 2023

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).

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

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

APPLICATION FOR ASSIGNMENT TO HOUSING					1. T	YPE SERV	ICE DE	SIRED	(X one	or both)	
(Before completing form, read Privacy Act Statement and Instructions on rev			erse)			a. MILITAF	≀Y HOUSI	ING	b.	. HOUSING REFERRAL	
SECTION I - APPLICANT INFORMATIO	N										
2. NAME OF SPONSOR (Last, First, Middle	e Initial)	3. PAY GRADE	=	4. S	SN		5. DOD COMPONENT				
6. ADDRESS (Street, City, State, Zip Code)		7. TELEPHON	E NUMBE	R		8. S	TATUS OI	F APPL	ICANT	(X one	 ?)
0 · · · · · · · · · · · · · · · · · · ·		a. HOME (Area Co	nde)	h DI	ITY (DSN)		a. MILITA				. CIVILIAN
		d. Home piece co	ucy	5. 50	(23.1)		b. MILITA				I. FOREIGN NATIONAL
		9. MARITAL S	ZITATIS	10	AM SEPARATED) EDON					. FOREIGIN INATIONAL
		7. WARRITAE 3	17(105	10.	a. VOLUNTARILY	TRON	N WIT DEFI	INDLIN	b. INV		ADILV
11 I DECLIFET LIQUEING FOR				CEC-		DV CAE	DEED INIEC	DMAT			
11. I REQUEST HOUSING FOR (X one)					TION II - MILITAF		KEEK INFO	1			
	ID DEPENDENTS			14.	DATES xxxxxxxxxx	XXXX		MILITA	RY APPLI	CANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION	RANSFERRE	D FROM		a. EFFECTIVE RANK/RATE DATE							
				b. ACTIVE DUTY SERVICE COMPUTATION							
				c. TIME REMAINING ON ACTIVE DUTY							
13. INSTALLATION/ORGANIZATION	TRANSFERRE	D TO		d. EF	FECTIVE CHANGE IN	DUTY ST	ATION				
				e. RE	PORT DATE						
				f. ES	TIMATED FAMILY ARI	RIVAL D	ATE				
SECTION III - DEPENDENT DATA								<u> </u>			
15. DEPENDENTS RESIDING WITH M	1F //f mara angas	is needed continue or									
15. DEFENDENTS RESIDING WITH N	IL (If more space	is needed, continue or	piain paper.)								
a. NAME (Last, First, Middle Initial)		b. DATE OF BIRTH (YYMMDD)	c. SEX	d	d. RELATIONSHIP e. REMARKS (Handicap, health problems, expected additional family, etc.)			cted additions to			
SECTION IV - HOUSING DATA			<u> </u>								
16. COMMUNITY HOUSING DESIRED) (V as applicable	1									
	(x as applicable				1						
a. PURCHASE HOUSE		d. RENT HOUSE			g. RENT MOBILE H	OME SPA	CE		j. ROC	INA MC	D BOARD
b. PURCHASE CONDOMINIUM		e. RENT APARTMEN	JT		h. SHARE				k. SUB	3LET	
c. PURCHASE MOBILE HOME		f. RENT MOBILE HO	OME		i. RENT ROOM				<u> </u>	RANSIENT	
17. AMENITIES DESIRED (X as applicable	e. Write number ii	er in d. and e.)		18. DATE HOUSING NEEDED		ED	19. PRICE RANGE				
a. FURNISHED		e. NO. BATHS		(YYMMDD)			(Co	(Community Housing)		
b. UNFURNISHED		f. PETS (Allowed)									
c. AIR CONDITIONING		g. OTHER (Explain))	20.	LOCATION PREF	EREN	CE (Communi	ty Housing	g)		
d. NO. BEDROOMS											
21. REMARKS		ı									
22. SIGNATURE OF APPLICANT	·							23.	DATE S	SUBMI	TTED
									(YYMMDD))	
SECTION V - DISPOSITION (To be comple	ted by the Housin	g Office.)								-	
24. MILITARY HOUSING											
a. APPLICATION RECEIVED	b. APPLICATIO	ON EFFECTIVE (YYMM	 IDD)		FORM 1747 PROVIDE	ED					ABILITY (Boxes
(YYMMDD and time)			(YYMMDD)			indicated on DD Form 1747)					
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE	PLACEMENT <i>(YYMME</i>	(סר	g. BEDROOMS REQUIRED h. DATE UNIT ASSIGNE			SNED (YYMMDD)				
SECTION VI - HOUSING REFERRAL CE	RTIFICATE										
restricted list. I have been briefed on (1) the services provided by the			reason to believe I am being discriminated against, I will promptly noti the Housing Office. 25. SIGNATURE OF APPLICANT 26. DATE SIGNED			II promptly notify DATE SIGNED					
·				<u> </u>						ı	

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 and CNICINST 5009.5, 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 having convicted of a criminal offense requiring registration per the Nation Guidelines for Sex Offender Registration and Notification Act (SORNA) (42 U.S.C. 16901-16962)	nal				
NOTICE OF REQUIREMENT TO DISCLOSE					
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, and may be required to pay all relocation expenses unless prohibited by law or otherwise waived by competent authority.					
5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supporting OGC/FJA 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 barrment 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 Secretary of the Navy, 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 administrative action and/or prosecution for making a false official statement in violation of 18 U.S.C 1001 and Code of Military Justice, Article 107, that neither I nor any person living in my household is a registered/con 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.	or Uniform victed sex				
Signature Date					
Print Name Command					



INSTALLATION: CNRSW N93 METRO San Diego PHONE: (619)556-8443 FAX: (619)556-8012

Information Release Form

l,		(Service member) gi\	e permission for the Nav	'y
Housing Service Center to Military Housing, San Dieg				:y_
I,	n Diego, CA (the priva	itact and housing informa atization partner) at CNRS	W, N93 Metro San Diego fo	
the following reasons:				_
Service Member Signature:			Date:	
FOR OFFICE USE ON If not completed in person Permission received: O	າ:	O Pu Email	O Othor	
Permission received: O	Over the Phone	O By Email	O Other:	
Counselor Signature			Date	

Contact Your Local Housing Service Center www.cnic.navy.mil/contacthousing