

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 less than six months you must provide updated San Diego orders. 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 Mar 2024

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.

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> 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>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		9. MARITAL STATUS		<input type="checkbox"/> b. MILITARY SPOUSE	<input type="checkbox"/> d. FOREIGN NATIONAL
11. I REQUEST HOUSING FOR <i>(X one)</i>		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>			
<input type="checkbox"/> a. SELF ONLY		<input type="checkbox"/> b. SELF AND DEPENDENTS		<input type="checkbox"/> a. VOLUNTARILY	
				<input type="checkbox"/> b. INVOLUNTARILY	
SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>					
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		14. DATES <small>xxxxxxxxxxxxxxxx</small>		MILITARY APPLICANT	MILITARY SPOUSE
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
		c. TIME REMAINING ON ACTIVE DUTY			
		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>					
<input type="checkbox"/> a. PURCHASE HOUSE		<input type="checkbox"/> d. RENT HOUSE		<input type="checkbox"/> g. RENT MOBILE HOME SPACE	
<input type="checkbox"/> b. PURCHASE CONDOMINIUM		<input type="checkbox"/> e. RENT APARTMENT		<input type="checkbox"/> h. SHARE	
<input type="checkbox"/> c. PURCHASE MOBILE HOME		<input type="checkbox"/> f. RENT MOBILE HOME		<input type="checkbox"/> i. RENT ROOM	
				<input type="checkbox"/> j. ROOM AND BOARD	
				<input type="checkbox"/> k. SUBLET	
				<input type="checkbox"/> 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>	
<input type="checkbox"/> a. FURNISHED		<input type="checkbox"/> e. NO. BATHS			
<input type="checkbox"/> b. UNFURNISHED		<input type="checkbox"/> f. PETS <i>(Allowed)</i>			
<input type="checkbox"/> c. AIR CONDITIONING		<input type="checkbox"/> g. OTHER <i>(Explain)</i>		20. LOCATION PREFERENCE <i>(Community Housing)</i>	
<input type="checkbox"/> 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>

**COMMANDER, NAVY INSTALLATIONS COMMAND
SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE**

Privacy Act Statement

Authority: 10 U.S.C. § 5013; 10 U.S.C. § 5041; 10 U.S.C. § 2831; 10 U.S.C. 113, Secretary of Defense; DoD 4165.63-M, DoD Housing Management; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 5200.08-R, Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos); Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files; and E.O. 9397 (SSN), as amended. System of Records Notice DMDC 16 DoD, Identity Management Engine for Security and Analysis (IMESA); 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.

Print Name

Signature

Date

Command



INSTALLATION: CNRSW N93 METRO San Diego

PHONE: (619)556-8443 FAX: (619)556-8012

EMAIL: NBSDhousing@us.navy.mil

Information Release Form

I, _____ (Service member) give permission for the Navy Housing Service Center to share my contact and housing information, including PII, with Liberty Military Housing, San Diego CA (the privatization partner) at CNRSW, N93, Metro San Diego.

I, _____ (Service member) **DO NOT** give permission for the Navy Housing Service Center to share my contact and housing information, including PII, with Liberty Military Housing, San Diego, CA (the privatization partner) at CNRSW, N93 Metro San Diego for the following reasons: _____

Service Member Signature: Date: _____

FOR OFFICE USE ONLY

If not completed in person:

Permission received: Over the Phone By Email Other: _____

Counselor Signature

mp Mar2024

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