Family Housing Continuation Sheet Write legibly									
Service Member Additional Informa	tion			,					
Name: (Last, First, MI):	Gender:	Gender: DOB: Date housing nee			ig neede	ed:		Cell Phone w/area code:	
Military E-Mail:		Personal E-Mc	ail:				If married, will s	spouse resi	de in home? (YES / NO / N/A)
Spouse Additional Information, if M	arried								
Name: (Last, First, MI): Date of Marriage:		ge: Social Securi	Social Security Number:		Personal Email:				Cell Phone w/area code:
Military Spouse Career Information, it	f Applicat	ole (use con	nplete da	tes)					
	ay Grade:	Military E-Mail:				JC:			
San Diego Command:		Are you Co-Loco	ated? D	o you have BAH?		Detach	Date:		EAS/EAOS:
 Are you or your spouse currently re- Are you currently in a LOCAL commodities. List your site preference (CHOOSE of Are you eligible for priority housing documentation MUST be included availability, medical needs and time declined, you forfeit priority assignmentation. Do you have any special requirementation. 	munity or FONE COM (i.e. EFN) with your eframe, no ment and ts associat	RPP lease? ((MUNITY): I Cat 4 or 5), application, of desired pr will join a wo	CIRCLE O , Wounde . EFM, WW reference aitlist. and/or W	NE) YES / NO Id Warrior (W I, and Housir Only one of W (i.e. single le	o If ye IW)? (Ing K&I Ifer will evel, re	(CIRCI E assign Il be gi	en does it e LE ONE) <u>YE</u> gnments ar iven under etc.)?	expire? S / NO re solely priority	If yes, supporting y based on housing. If it is
Initial I understand only select sites allopion to selecting a site. I understand only select sites allopion to selecting a site. I understands, rodents, or exotic animals, rodents, or exotic animals and residents may not (American Pit Bull Terrier, Americany mix of the aforementioned)	ow anima tand any nals (reptile keep or pe can Staffo	Is and it is m damages co es, ducks, ra ermit the follo	ny respons aused to abbits, chi owing do	ibility to be o the unit or gr ckens, ferret g breeds in F	aware round s, pigs H at c	of the ls by n s, etc.)	e site's anir ny animal(s) are NOT A ne: Chows,	mal pol s) are n ALLOWE , Dober	icy and size restrictions ny responsibility. Barnyarc D in any site at any time. man Pinschers, Pit Bulls
Animal's Name	_	dog or cat)		Breed			Weight	Age	Color
#1									
#2									
Agreement and Responsibilities (Initia	al the box	to the left of	f each sta	ıtement)					
Initial I am aware the Privacy Act of Family Housing (FH) Office to r (PPV) for purposes of placeme periodically verified by FH and	1974 prohi release the ent on the d PPV staff.	bits release of information waiting list ar	of persona contained nd placen	l information of the state of t	cation home	pack e. I am	age to the aware that	Public F t my pa	Private Venture Partner y records will be
Initial I certify that the information provided in this application package is true and I understand that providing false information can result in									
immediate eviction from quarters and is punishable under Article 15 of the Uniformed Code of Military Justice (UCMJ). Initial I fully understand that when I accept a PPV home, I forfeit my BAH entitlements, unless otherwise dictated by applicable regulations. I will continue to receive BAH when assigned to privatization, for rent payments of my chosen unit.									
Privacy Act Statement AUTHORITY: 5 USC 3 requirement of military personnel for PPV obtain/maintain PPV quarters. EFFECTS OF NONDISCLOSURE: Disclosure of an individual in obtaining PPV quarters. If agree with each statement and conditions.	quarters. The f this inform have care	ne informatio nation is volu fully read and	n is revised ntary; how d understo	d and filed in t vever, nondiso and each iter	the Ho closure n listed	e would above	Office for used make it cove. By signir	se in ass difficult, ng belov	isting military personnel to if not impossible, to assist w, I acknowledge and
Service Member Signature or a truste	ed agent v	vith POA:			Dat	e:			
Emergency Point of Contact									
Name of a person <u>NOT residing in the home</u> with	you: Re	elationship to Se	ervice Mem	ber:			Phone nu	mber:	
How Did You Hear About Liberty Milite	ary Housi	ng? (Please	Fill in ON	IE Box)					
I was referred by a current resident Name: Community: Phone Number:		ommand Class (E	mmand Class (Ex: Home Port, Townhall, Briefing)				Internet (Ex: LMH Website, Homes.mil, Google)		
		Signage (Ex: On Base, Navy Lodge): Social Media (Ex: Facebook,				ook, X, Instagram)			

Statement of Understanding

Initial

initiai	
	I understand I must have a minimum of 6 months remaining on my San Diego tour of duty and 6 months
	remaining on my EAS/EAOS at time of move in to be eligible for Liberty Military Housing (LMH) San Diego.
	I understand San Diego Family Housing (SDFH) wait times are estimates and subject to change based on
	availability or pending offers.
	I understand I can defer my application 1 time for a maximum of 1 year. I understand I can decline SDFH and may elect to live in the local community. I may request community
	rental listings by speaking to a Community Housing Representative.
	I understand if I break my 6 month lease for any reason other than PCSing out of San Diego or separation from the military, I am responsible for a \$250 lease break fee.
	Dual Military who occupy full BAH properties will be charged at the San Diego BAH with dependent rate of the senior ranking service member .
	I understand that I must provide the SDFH office with any changes in marital status, duty station, family
	composition, pay grade, and contact information.
	I confirm that all contact information provided is accurate. Furthermore, I understand if the SDFH personnel cannot reach me due to incorrect contact information provided in the package, my application will be canceled.
	I understand if I submit an application package with falsified information, my application will be canceled immediately. If I am permitted to reapply for housing, my control date will be the date the SDFH office receives the correct application.
	I declare that I will only use the premises as a private residence for bona-fide family members and will not sublet any portion of the home.
	I understand if my spouse signs a lease in my absence, he/she MUST have a Special Power of Attorney (SPOA) that states: "the individual has the authority to sign a lease for San Diego Family Housing and the individual can start, change, or stop an allotment on behalf of the service member."
	I understand I am eligible for 2 housing offers (excluding priority assignment). I understand both offers will not
	be made at the same time. I understand I will have to formally decline the first offer to receive the second.
	I understand how my control date is determined, and my wait time begins upon detachment from my last permanent duty station. If applicable, I must provide proof of detachment from my previous command within 30 days of reporting to my ultimate San Diego duty station. (EX: Advanced TIS/Endorsed Orders)
	I understand my control date will reset to the new effective date if I switch waitlists after 30 days from original control date
	I understand my offer for housing will be made through email. A LMH representative will send me the 7 Year Maintenance History of my home and I am responsible for reviewing and signing the document within 48 hours. I understand that I have 48 hours to accept or decline a home once offered. If I do not respond to the offer at the end of 48 hours, it will be considered a decline, and my name will be removed from that home.
	I understand I cannot choose a floorplan, street, or unit. Offers are based on first availability.
	Once I accept a home, I understand I will be removed from all waitlists.
	If I decline both offers, I understand my control date will reset to the day I declined the 2 nd offer and my wait time will start over.
	If I am offered a home occupied or undergoing maintenance, I will not be permitted to view its interior. If I disturb the residents who currently live in the home or the maintenance staff, this will make me ineligible for that home and LMH reserves the right to decline the home and reassign to a new home.
	I understand LMH has the authority to approve or deny transfer requests.
	If I accept quarters larger or smaller than I qualify for, I understand I will not be able to apply for another site
	unless my eligibility changes.
	I understand that once I occupy housing, I am not eligible for a transfer to another community unless I meet the qualifications for a Hot Sheet Transfer or there is a qualifying change in my eligibility.
	I understand I am required to create a PetScreening profile to be reviewed by PetScreening and Liberty
	Military Housing for all animals, including ESA and Service Animals. If applicable I will provide the following
	documentation; photos, license, and last date of rabies vaccine . LMH cannot proceed if these requirements
	are not met.
	I understand there is a \$250 refundable pet deposit per pet for a maximum of 2 pets due upon move in .
	I understand I am required to provide proof of renter's insurance upon move in , with a minimum personal
	liability limit of \$100,000. If proof of renters insurance is not provided, I will be automatically enrolled in ResidentShield and I will be billed for liability coverage. ResidentShield covers property damage and not my
	personal belongings.
	I understand if I opt out of ResidentShield to use my own third-party renter's insurance, I am responsible for submitting the policy declaration page with the additional interested party, or I will accrue charges.
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Service Member Signature or a trusted agent with POA:	Date:

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