

**OFF BASE HOUSING APPLICATION  
(Unaccompanied)**

DATE: \_\_\_\_\_

Name: _____	
<small>Last name</small>	<small>first name</small>
Rank: _____	Grade: _____
SSN(Full): _____	
EDIPI: _____	
Organization & Duty office: _____	
Branch of Service: _____	Duty Phone No.: _____
Email Address: _____	

Date Reported for Duty: \_\_\_\_\_ Date of Dependent Arrival: \_\_\_\_\_  
Rotation Date: \_\_\_\_\_ Date Housing Needed: \_\_\_\_\_  
Date of Rank \_\_\_\_\_ Service Start \_\_\_\_\_

Present Local Address: TLF / BOQ / OTHER

Bldg # \_\_\_\_\_ Room # \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

- \*No. of bed rooms required: \_\_\_\_\_
- \*Do you have any pets: Y / N
- \*Kind of pets: \_\_\_\_\_ Type of breed \_\_\_\_\_ No. of pets: \_\_\_\_\_
- \*No of family members: \_\_\_\_\_
- \*No. of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

**IF MILITARY**

- \*If required, did you get approval to live off base from your CO? Y / N
- \*Do you have a roommate? Y / N

**IF CIVILIAN**

- \* Off-base Housing accepted your orders on \_\_\_\_\_
- \* Are you a civilian contractor? \_\_\_\_\_

**ALL MEMBERS**

- \* Will you receive entitlements to reside of base? Y / N

Remarks

Signature: \_\_\_\_\_

Off-base move in date: _____	Off-base move out date: _____
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