

APPLICATION FOR ASSIGNMENT TO HOUSING <i>(Before completing form, read Privacy Act Statement and Instructions on reverse)</i>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
				a. MILITARY HOUSING	b. HOUSING REFERRAL
<b>SECTION I - APPLICANT INFORMATION</b>					
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>	a. MILITARY MEMBER	c. CIVILIAN
				b. MILITARY SPOUSE	d. FOREIGN NATIONAL
9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>			
		a. VOLUNTARILY		b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <i>(X one)</i>			<b>SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i></b>		
a. SELF ONLY			b. SELF AND DEPENDENTS		
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM			14. DATES <i>(Enter in YYMMDD order)</i>	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		
<b>SECTION III - DEPENDENT DATA</b>					
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>	
<b>SECTION IV - HOUSING DATA</b>					
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>					
a. PURCHASE HOUSE		d. RENT HOUSE		g. RENT MOBILE HOME SPACE	j. ROOM AND BOARD
b. PURCHASE CONDOMINIUM		e. RENT APARTMENT		h. SHARE	k. SUBLET
c. PURCHASE MOBILE HOME		f. RENT MOBILE HOME		i. RENT ROOM	l. TRANSIENT
17. AMENITIES DESIRED <i>(X as applicable. Write number in d. and e.)</i>			18. DATE HOUSING NEEDED		19. PRICE RANGE <i>(Community Housing)</i>
a. FURNISHED		e. NO. BATHS			N/A
b. UNFURNISHED		f. PETS <i>(Allowed)</i>			
c. AIR CONDITIONING		g. OTHER <i>(Explain)</i>	20. LOCATION PREFERENCE <i>(Community Housing)</i>		
d. NO. BEDROOMS			N/A		
21. REMARKS OET - Eligibility Categories: - Category 1: Other DoD Active Duty Members/Families <i>Including Unaccompanied</i> - Category 2: National Guard and Reserve Military Members/Families - Category 3: Federal Civil Service Employees - Category 4: Retired Military - Medically Retired - Family Members - Widows - Category 5: Retired Federal Civil Service Employees - Category 6: Department of Defense Contractors/Permanent Employees - Category 7: General Public			<p style="color: red;">I Give the Military Housing Management Office authorization to release my Privacy Act Information to The Property Owner</p> <p><b>MHO REPRESENTATIVE:</b></p> <p><b>MHO ELIGIBILITY DATE:</b></p>		
EMAIL: _____			DATE OF BIRTH: _____		
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <i>(YYMMDD)</i>	
<b>SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i></b>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i> 07:00 AM	b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i> N/A	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i> N/A		
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i> N/A	g. BEDROOMS REQUIRED N/A - OET APPLICANT	h. DATE UNIT ASSIGNED <i>(YYMMDD)</i> N/A		
<b>SECTION VI - HOUSING REFERRAL CERTIFICATE</b>					
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>

**SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT**

*Attach to application for military, government-managed and privatized housing*

I, (print name) \_\_\_\_\_, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, ***Application for Assignment to Housing***.

**POLICIES**

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barmment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

**PROCEDURES**

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

**CONSEQUENCES**

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OTHER ELIGIBLE TENANT (OET) APPLICANTS ONLY**

**PRIVATIZED HOUSING (PH) BRIEFING SHEET**

**This checklist is prepared to ensure that you are briefed on PH policies and procedures.**

***Military Housing Office (MHO) Services: 8090 E. Ironwood St, (520) 228-3687 / 355CES.HMO@US.AF.MIL***

***Privatized Housing (PH): Soaring Heights Communities (SHC), 8090 E. Ironwood St, (520) 745-5024***

1. Utility Billing: Specifics on utility billing will be briefed by SHC.
2. **Pets are limited to 2 domestic pets per household.** Please check with SHC regarding all current pet policies and breed restrictions before applying. Additionally, as per lease agreement with SHC, any animal demonstrating aggressive behavior may be removed from PH.
3. Operating Private Business/Day Care in PH: Residents desiring to provide day care and operate private businesses in PH must obtain written approval from SHC and subsequently the installation commander. Approval must be obtained prior to start of business. For additional guidance regarding Family Day Care, contact Family Day Care Office at 228-2201.
4. Extended Visitors: Extended visitor residing in PH must be reported and requires approval from SHC. Contact SHC for guidelines & policy. Base access with the responsibility of the applicants/tenant.
5. Speed Limit: The entire housing area speed limit is **15 MPH**. Please be aware of all school zones and pedestrians.
6. **Firearm Registration**: All residents residing in PH are required to register Privately-Owned Firearms, (POFs) at the 355 SFS armory, building 1358, using the AF Form 1314 (Firearms Registration) and DD Form 2760 (Qualifications to Possess Firearms or Ammunition). **Under NO circumstances will any person(s) store loaded weapons on DMAFB. Concealed carry, sale, purchase, and/or distribution of weapons is STRICTLY PROHIBITED on DMAFB.** POFs stored outside the SF Armory on the installation will be secured with a gun lock, or in a locked container, and concealed from public view. For all questions contact: 355 SFS at 228-7992/7993/5878.
7. Renters/Tenant Insurance is **NOT** provided by SHC. Renters/Tenant insurance is now required to be obtained by the prospective applicant/tenant prior to signing a lease with SHC.

\_\_\_\_\_  
**Applicant's Signature**

DM AFB Military Housing Office  
Housing Counselor

\_\_\_\_\_  
**Date**

**ATTENTION: The United States Air Force 24 Hour Housing Call Center Toll Free Number is: 1-800-482-6431**  
**Form Effective Date: 24 November 2025**

## ***DMAFB MHO-SHC ON-BASE HOUSING ELIGIBILITY SHEET***

Name:

Eligibility Date:

MHO REP:

Pay Grade:

DOD Component:

Date Housing Needed:

Squadron/Unit:

Government Email

Phone Number: \_\_\_\_\_

Personal Email:

Duty Phone Number:

Date of Birth:

Bedrooms Required/Eligible For: OET

E-9 K&E:

E-9 Prestige HSG. Eligibility Date\DOR:

O-6 SO HSG ELIG. Date\DOR:

E-9 - SNCO - Housing Eligibility Date:

O-6 - FGO HSG ELIG. Date:

### ***DEPENDENT INFORMATION***

Marital Status:

Spouse Phone #:

Spouse Email:

Number of dependents:

**OET: Yes      No**

Category 1 - Other DoD Active Duty Members/Families - ~~UNM~~

Category 2 - National Guard and Reserve Military Members/Families

Category 3 - Federal Civil Service Employees

Category 4 - Retired Military Members/Medically Retired/Family Members/Widows

Category 5 - Retired Federal Civil Service Employee

Category 6 - DoD Contractor Permanent Employee

Category 7 - General Public

### ***DEPENDENT INFORMATION & ADDITIONAL COMMENTS:***