

Resident Information Form

Please provide the following information for our files. Changes should be reported to the Management Office immediately.

Information requested in bold italics MUST be answered completely.

Service Member's Name: _____ **Date:** _____

Address: _____

DOB: _____ **SSN:** _____ **Phone:** _____

Email address: Home: _____ Work: _____

Branch of Service: _____ **Rank:** E WO O OE _____ **Date of Rank:** _____
(AF, AR, NY, MC, CC) (CIRCLE ONE) (NUMERICAL RANK)

Unit/Squadron: _____ **Work Phone:** _____

Work Address: _____ **Date reported to KAFB:** _____

Immediate Supervisor: _____ **Phone:** _____

Occupant's that will be residing with you here at Kirtland: (If Mil to Mil, enter pay grade and date of rank)

Spouse's Name: _____

DOB: _____ **SSN:** _____ **Phone:** _____

Spouse's Employer: _____ **Phone:** _____

Additional Occupants: _____ (Son, Daughter, Dependent Parent, etc)

Name:	DOB:	Relation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pet Information: (No. of each type) If none, enter NA here: _____

Number of pets: Cats: _____ Dogs: _____ Other: _____

If 'Other' specify: _____

Dog Breeds: _____

Residents of Kirtland Family Housing MUST comply with KAFBI 31-205 and be registered with KAFB Veterinarian Office.

Weapons Information: (No. of each type) If none, enter NA here: _____

Rifles: _____ Pistols/Revolvers: _____ / _____ Shotguns: _____

Residents of Kirtland Family Housing MUST comply with KAFBI 31-101 regarding firearms.

Vehicles: (No. of each type)

Cars: _____ Trucks: _____ Motorcycles: _____ Other: _____

Residents of Kirtland Family Housing MUST comply with KAFB 31-204 regarding motor vehicles

Information requested in bold italics MUST be answered completely.

Resident Information Form - continued

Please mark all that are applicable:

New Arrival's Status at Kirtland: _____ PCS _____ TDY (Length of TDY: _____)

Current Personnel at Kirtland: _____ In Dorm _____ Living off Base

Previously lived in KFH at: _____

_____ Power of Attorney (must have a copy of military member's orders on unaccompanied tour)

Housing Allowance:

_____ Only one Resident is Military _____ Both adult Residents are Military

NOTE: If Mil to Mil, signing spouse must be senior ranking member.

Comments:

How did you hear about us? _____

Member understands and acknowledges he/she is responsible to ensure the contact information provided is correct and updated as changes occur.

Information requested in bold italics MUST be answered completely.

Signature

Date

FOR OFFICE USE ONLY:

KFH Representative: _____

Waiting List:

_____ Village 1 _____ Village II _____ Village III _____ Village IV

_____ Village V _____ Village VI _____ Village VII _____ Pershing Park

Unit Assignment:

Address: _____

Date Offered: _____ Date Accepted: _____ MI Date: _____

KFH Representative: _____

Notes: _____
