



APPLICATION FOR HOUSING ASSIGNMENT

PRIVACY ACT STATEMENT **PRINCIPAL PURPOSE:** To identify customer needs for assistance and housing requirements.
DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

SECTION I APPLICANT INFORMATION

LAST NAME: (SERVICE MEMBER INFO)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (MM-DD-YY)	DATE OF RANK (MM-DD-YY)	ENLISTMENT DATE
CURRENT ADDRESS STREET				CITY	STATE	ZIP CODE LEASE EXPIRATION
LAST 2 ADDRESSES (ADDRESS 1)				LAST 2 ADDRESSES (ADDRESS 2)		
PAY GRADE	BRANCH OF SERVICE		SOCIAL SECURITY NUMBER		DATE HOUSING NEEDED (MM-DD-YY)	
DRIVER'S LICENSE #	MONTHLY GROSS SALARY		LAST PLACE OF EMPLOYMENT			
TELEPHONE#(HOME)	TELEPHONE#(DUTY)		TELEPHONE#(MOBILE)	E-MAIL ADDRESS		
ORGANIZATION / UNIT TRANSFERRED FROM		ORGANIZATION / UNIT TRANSFERRED TO		REPORT NLT DATE	DO YOU HAVE A LINE # ?	

STATUS OF APPLICANT:
 MARITAL STATUS _____ TOTAL NUMBER OF OCCUPANTS _____ ESTIMATED BAH RATE: _____
 DUAL MILITARY? _____ IF YES, SERVICE MEMBERS NAME _____
 SSN _____ BRANCH OF SERVICE _____ PAY GRADE _____ DUTY STATION _____
 DO YOU HAVE PETS? _____ HOW MANY: _____ TYPE: _____ BREED, IF DOG: _____ WEIGHT: _____
(MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: _____ BREED, IF DOG: _____ WEIGHT: _____

SECTION II VEHICLE INFORMATION

TYPE / MAKE	MODEL	LICENSE PLATE NUMBER / POST DECAL
TYPE / MAKE	MODEL	LICENSE PLATE NUMBER / POST DECAL

SECTION III DEPENDENT DATA (Proof of Date of Birth will be required)

DEPENDENTS RESIDING WITH MILITARY MEMBER: (If more space is needed, continue on back)

NAME First name - Middle Initial - Last name	RELATIONSHIP	GENDER	DATE OF BIRTH (MM-DD-YY)	SOCIAL SECURITY #	EFMP FAMILY MEMBER?

SECTION IV EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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SPECIAL REQUESTS / COMMENTS (Pertaining to Housing Assignments or BAH matters) :

SECTION V SIGNATURE

_____	_____
SIGNATURE OF APPLICANT	DATE

SECTION VI DISPOSITION (To be completed by Military Housing Office)

DATE APPLICATION RECEIVED _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE: <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR Other: _____
_____	_____
SIGNATURE OF HOUSING CONSULTANT	DATE

Thank you for your interest in housing at Kirtland Family Housing! The following information should help aid you in your application process for housing. Contact us if you have any questions at 505-232-2049

Application Process

- ❖ Military personnel, E1 and above, with dependents, are authorized to submit an advance application for privatized housing any time after they have received Permanent Change of Station (PCS) or Active Duty orders for Kirtland AFB.
- ❖ Fax a completed and signed copy of the attached application along with a copy of your PCS orders that lists all of your dependents to Kirtland Family Housing.
- ❖ The effective date of the application is 30 days prior to the expected arrival date.

Procedure for obtaining privatized housing upon arrival

- ❖ Check into your squadron and or with your commander or first shirt
- ❖ Second go to HMO and they will brief you on what to expect with privatized housing and complete referral and eligibility forms. Privatized Housing 1012 Golden Smoke Dr. SE, Albuquerque, NM 87116 and HMO Building 2045 Room 119 Kirtland AFB, NM 87117.

Important Notes to Remember

- ❖ You will be required to pay a prorated move-in amount by cashier's check or money order before moving into privatized housing. Be sure to plan for this in your budget.
- ❖ Acceptable pets are limited to dogs, cats, and birds. No more than two pets per household are allowed and certain breed canines are not allowed on base, please check with housing on those particular breeds.

❖ **Availability**

There may be a waiting list for housing, but usually the wait is short for most categories. Call or email www.kirtlandfamilyhousing.com for updated wait times.

Contact Information

Kirtland Family Housing

Office: 505-232-2049

Fax: 505-255-0155

Housing Office

Office: 505-853-1878

Fax: 505-846-7976

Kirtland Inn

Office: 505-846-8217