

NORFOLK NAVY WELCOME CENTER



FAX

Date:

Number of pages including cover sheet:

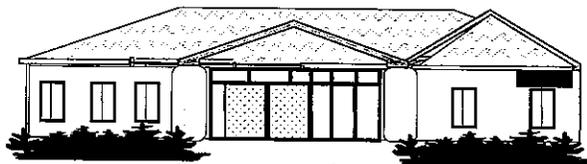
To: Gina Potts

From: _____

Phone: _____

Fax: _____

Email: _____



7924 14th Street
Norfolk, VA 23505-1217

Phone: (757)445-2832 Fax No: (757)444-1545
DSN: 565-2832 Fax DSN: 564-1545

Subject: RENTAL PARTNERSHIP PROGRAM APPLICATION
PACKAGE

Remarks: For your review Urgent Please Reply FYI

Please identify by an X documents to arrive by fax:

- Application for the Rental Partnership Program
- Statement of Understanding
- Permanent Change of Station Orders
- Most Recent Leave and Earning Statement or if recently married, please provide Copy of Marriage Certificate
- Chit signed by E7 or above authorizing you to live off base
(Applies to Single E5 and below only)
- General Power of Attorney/Special Power of Attorney
- Statement of Tour Length
(Applies to Air Force, Army and Marines only)

FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE

**NAVY HOUSING SERVICE CENTER
RENTAL PARTNERSHIP PROGRAM (RPP)
APPLICATION**

Name (Last, First, Middle Initial)		Branch of Service	SSN
Marital Status Family <input type="checkbox"/> Bachelor <input type="checkbox"/> Single W/Dep <input type="checkbox"/>		Pay Grade	Rate/Rank
Date of Rate/Rank (mm/dd/yy)			
UIC	Command Name		Report Date (mm/dd/yy)
PRD (mm/dd/yy)	EAOS/ETS (mm/dd/yy)	Service Start Date (mm/dd/yy)	DOB (mm/dd/yy)
Work Phone		Home Phone	Cell Phone
Home Email Address		Emergency Phone	
Work Email Address			
Have you ever lived or are you currently residing under the RPP/PPV? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide lease expiration or move out date: _____			
Complex name and your address: _____			
APPLICANT'S SIGNATURE		DATE	

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912;
 PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
 ROUTINE USE: None
 DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the inability to assist you.

COUNSELOR USE ONLY

Does member's record exist in eMH? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Rental Reference Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List all information verified with command E7 or above: _____	
Rate/Rank, Name: _____	Date: _____
Application taken by: _____	Date: _____
Pending application checked by: _____	Date: _____

**Navy Housing Service Center
Rental Partnership Program
Statement of Understanding**

Read and Initial each item:

1. _____ In the event I experience discrimination, I will notify the Navy Housing Service Center (NHSC) and I will be counseled on how to file a complaint.
2. _____ To participate in this program, I must be on active duty stationed in Hampton Roads, eligible to initiate an allotment, and provide all required paperwork.
3. _____ If I meet qualifications for the program, I will be issued a Verification of Eligibility which terminates sixty (60) days from date of issuance.
4. _____ It is my responsibility to visit each community I am interested in before making a final selection. Policies, rules and/or regulations may vary with each community. Once I make a selection, I understand I must give my Verification of Eligibility to the landlord.
5. _____ The landlord will give me a Letter of Intent which I must return to the NHSC, to obtain my allotment paperwork.
6. _____ I will be required to sign a rental lease agreement. I am aware of the Servicemembers Civil Relief Act (SCRA) waiver by some housing complexes and what it means. If I have any questions, I will contact the NHSC. I may also be required to pay a security deposit and a reservation fee to the complex I have selected. If I decide not to take the apartment for any reason, except not qualifying, the reservation fee will be forfeited.
7. _____ I will be required to pay my rent directly to the property manager on the first of the month by certified funds until my allotment begins. **If my allotment does not commence by the rent day of the second full month, my RPP lease may be terminated and converted to a conventional lease.** It is my responsibility to ensure that the landlord receives my rent allotment on the due date. All utilities and fees paid to the landlord are also considered rent.
8. _____ I will complete a move in inspection within 5 calendar days of acceptance of keys. It is strongly recommended that I be present at the move out inspection with the property representative. I may request a housing representative to be present at the move in or move out inspection. I will be responsible for any damages found during the check out inspection. I am required to leave a forwarding address at the time of termination.
9. _____ I will report to the NHSC with a Renewal Notice of Intent for an RPP renewal. **I will not stop my existing allotment.** I will increase/decrease my existing allotment based on my new rental rate.
10. _____ If I relocate from my current unit, I am required to reapply with the NHSC. **I am not to stop my allotment.** I will increase/decrease my existing allotment based on my new rental rate.

11. _____ I authorize my current or prior RPP/Private Public Venture (PPV) landlord to release information to the NHSC regarding my tenancy to include, but not limited to, rent payment, proper lease termination, unit sanitation issues, and appropriate conduct.
12. _____ The NHSC will advise the current RPP landlord of any violation incurred by me at a previous RPP property. Upon notification of a previous violation, the current RPP lease may be terminated and converted to a conventional lease.
13. _____ At the end of my lease, it is my responsibility to notify my landlord not less than 30 days before my lease expiration, of my intention to either terminate year lease, renew, or renew on a month-to-month term. If I fail to notify the landlord of my intentions, the lease is automatically converted to a month-to-month term at the current RPP rate with additional \$25.00 charge. A written 30-day notice is required to terminate and must be given before the next rent is due.
14. _____ If I break my lease due to deployment I will not be eligible to reapply for RPP until completion of deployment. My deployment/PCS/TAD orders may be verified through the housing office.
15. _____ If I choose to terminate my RPP lease before the lease termination date for reasons other than those covered by the Virginia Residential Landlord Tenant Act/SCRA, the landlord has the legal right to charge a termination fee (a monetary penalty). To determine the cost of this penalty, I must contact my landlord.
16. _____ Unpaid debts to a landlord will result in a letter of indebtedness from the landlord being issued to my command and will reflect negatively on my credit record. In addition, my RPP lease will be terminated and converted to a conventional lease. In that event, I will be subject to reimbursement of all reduced rents and waived fees to the landlord and future entitlement to the RPP may be revoked.
17. _____ It is **mandatory** to notify the NHSC when my RPP lease is terminated.
18. _____ If I fail to **follow any of the above instructions/criteria**, my eligibility to participate in this program will be revoked, and any reduced rent and/or waived fees will be owed to the landlord.
19. _____ This is not an application for PPV Military Housing.
20. _____ Navy Housing Service Center counselors are your advocates in dealing with landlord/tenant issues whether you are living in Public Private Venture (PPV) or Community housing.

Signature _____

Date _____

REQUEST FOR CUSTOMIZED RPP LISTINGS

This portion of the application is not required if you have already selected your rental unit.

Rental Price Range: from \$ _____ to \$ _____

Please place an (X) in front of your selections(s).

CITY: Chesapeake Hampton Newport News
 Norfolk Portsmouth Suffolk
 Virginia Beach Williamsburg Yorktown

BEDROOMS: 1 2 3 4 5

BATHROOMS: 1 2 3

FACILITY

TYPE: Apartment Townhouse Condo
 Duplex Single Family House

LAUNDRY: Washer/Dryer Hookup Washer/Dryer in unit
 Laundry on site

PETS: Cat Dog No Pets