

TLA ARRIVAL/ALTERNATE TEMPORARY LODGING CLAIM MEMBER INFORMATION

MEMBER INFORMATION

Name:	SSN:	Paygrade:
Command:	UIC:	Date Reported:
Phone Number:	Accompanied / Unaccompanied (circle)	
Marital Status (Circle): Single Married Military-Military Couple Single w/Dependents		
Dependent Names/Ages of Children		
_____	_____	_____
_____	_____	_____
_____	_____	_____

TLA / TLF INFORMATION

Name:	Kitchen Facilities: Yes / No
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MEMBER CERTIFICATION

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: _____	Signature/Rank/Date
* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging	

HOUSING OFFICE

TLA is/is not recommended from _____ through _____		
Total Number of days in TLA at end of this TLA period: _____		
Expected Date of Occupancy: _____	Contract Appointment Date: _____	
Remarks: _____		

_____	_____	_____
Housing Representative Signature	Date	Phone Extension

COMMAND ENDORSEMENT

Member has aggressively sought housing and have been counseled on the importance of locating accommodations expeditiously. Housing tours were conducted this period on the following dates with each tour consisting of viewing at least five residences:			

_____	_____	_____	_____
Command TLA Coordinator Signature	Rank / Name	Date	Phone Extension
30 - 44 Day Endorsement:			
_____	_____	_____	_____
Department Head Signature	Rank / Name	Date	Phone Extension
45 - 60 Day Endorsement:			
_____	_____	_____	_____
Commanding Officer Signature	Rank / Name	Date	Phone Extension