



HOUSING SERVICE CENTERS

FAX (Please FAX to one office only)

From: _____

Date: _____

To: _____ **Number of Pages including cover sheet:** _____

Housing Service Center	Phone	Fax
JEB Little Creek-Fort Story	757-462-8939	757-462-1244
NAS Oceana	757-433-3268	757-433-3310
NSA-Hampton Roads	757-445-2832	757-445-6818
NAVSTA Norfolk	757-445-2832	757-445-6818
NWS Yorktown	757-847-7806	757-847-7822

SUBJ: PPV Housing Application Package

Please check documents attached.

- Housing Application Cover Sheet
- Application for Assignment to Housing (DD Form 1746)
- Sex Offender Policy Acknowledgement & Disclosure Form
- Housing Applicant Statement of Understanding
- Courtesy Move (Household Goods) Entitlement
- Permanent Change of Station (PCS) Orders
- Record of Emergency Data/Dependency Application
(USN – Page 2: USMC – NAVMC 10922; USA & USAF – DD Form 93; USCG – 4170)
- Dual Military – Provide documentation (orders & page2) on spouse
- Custody/Divorce Papers (If previously married or legal separated)
- Proof of Pregnancy with estimated due date noted by doctor
- Power of Attorney (required if spouse or representative is completing application)

PPV HOUSING APPLICATION COVER SHEET

Name (Last First, Middle Initial)		Full SSN	Branch of Service
Paygrade	Rank	Date of Rank	
UIC	Ultimate Duty Station	Report Date	
PRD	EAOS		
Duty Phone		Home Phone	
Member's Cell		Spouse Cell	
Home Address			
Home Email		Work Email	

CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

Are you presently in Military Housing / PPV Housing? Yes No
 If yes, date assigned and address _____

Have you vacated Military Housing / PPV Housing? Yes No
 If yes, date vacated and address _____

Is spouse a Military Member? Yes No
 If yes, Member's Rate/Rank & Name _____ SSN _____
 Duty Station _____ UIC _____
 Provide copy of member's orders and page two (Record of Emergency Data).

Are you enrolled in the Exceptional Family Member Program? Yes No
 If yes, what category _____ Verified with _____ Date of Enrollment _____
 Do you have any special requirements? (i.e. single level, ramp, etc.) _____

Are you currently in a lease? Yes No If yes, date it expires _____

Are you leasing with a Rental Partnership Program Complex? Yes No

Do you have a pet? Yes No How Many _____ What Type/Breed _____

***The following pet restrictions apply: Maximum of two pets (dogs and/or cats) is permitted. No Chows, Doberman Pinschers, Presa Canarios, Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweiler's, any Wolf Hybrid, or any mix of the aforementioned breeds. Barnyard or exotic pets such as chickens, ducks, ferrets, rabbits, reptiles, etc. will NOT be permitted in PPV housing.

OFFICE USE ONLY

Effective Control Date		Priority
# Bedrooms	Area	Preference
Is member entitled to a courtesy move? Yes No		
Date entered in computer		Counselor's Name

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED (X one or both)	
				<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING REFERRAL
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <small>(Last, First, Middle Initial)</small>		3. PAY GRADE	4. SSN		5. DOD COMPONENT
6. ADDRESS <small>(Street, City, State, Zip Code)</small>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <small>(X one)</small>	
		a. HOME <small>(Area Code)</small>	b. DUTY <small>(DSN)</small>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
				<input type="checkbox"/> b. MILITARY SPOUSE	<input type="checkbox"/> d. FOREIGN NATIONAL
		9. MARITAL STATUS	10. I AM SEPARATED FROM MY DEPENDENTS <small>(X one)</small>		
			<input type="checkbox"/> a. VOLUNTARILY	<input type="checkbox"/> b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <small>(X one)</small>		SECTION II - MILITARY CAREER INFORMATION <small>(Civilians skip to Item 15.)</small>			
<input type="checkbox"/> a. SELF ONLY	<input type="checkbox"/> b. SELF AND DEPENDENTS	14. DATES <small>(Enter in YYMMDD order)</small>		MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		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			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO					
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <small>(If more space is needed, continue on plain paper.)</small>					
a. NAME <small>(Last, First, Middle Initial)</small>		b. DATE OF BIRTH <small>(YYMMDD)</small>	c. SEX	d. RELATIONSHIP	e. REMARKS <small>(Handicap, health problems, expected additions to family, etc.)</small>
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <small>(X as applicable)</small>					
<input type="checkbox"/> a. PURCHASE HOUSE	<input type="checkbox"/> d. RENT HOUSE	<input type="checkbox"/> g. RENT MOBILE HOME SPACE	<input type="checkbox"/> j. ROOM AND BOARD		
<input type="checkbox"/> b. PURCHASE CONDOMINIUM	<input type="checkbox"/> e. RENT APARTMENT	<input type="checkbox"/> h. SHARE	<input type="checkbox"/> k. SUBLET		
<input type="checkbox"/> c. PURCHASE MOBILE HOME	<input type="checkbox"/> f. RENT MOBILE HOME	<input type="checkbox"/> i. RENT ROOM	<input type="checkbox"/> l. TRANSIENT		
17. AMENITIES DESIRED <small>(X as applicable. Write number in d. and e.)</small>		18. DATE HOUSING NEEDED <small>(YYMMDD)</small>		19. PRICE RANGE <small>(Community Housing)</small>	
<input type="checkbox"/> a. FURNISHED	<input type="checkbox"/> e. NO. BATHS				
<input type="checkbox"/> b. UNFURNISHED	<input type="checkbox"/> f. PETS <small>(Allowed)</small>				
<input type="checkbox"/> c. AIR CONDITIONING	<input type="checkbox"/> g. OTHER <small>(Explain)</small>				
<input type="checkbox"/> d. NO. BEDROOMS					
20. LOCATION PREFERENCE <small>(Community Housing)</small>					
21. REMARKS					
22. SIGNATURE OF APPLICANT					23. DATE SUBMITTED <small>(YYMMDD)</small>
SECTION V - DISPOSITION <small>(To be completed by the Housing Office.)</small>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <small>(YYMMDD and time)</small>		b. APPLICATION EFFECTIVE <small>(YYMMDD)</small>	c. DD FORM 1747 PROVIDED <small>(YYMMDD)</small>		d. HOUSING AVAILABILITY <small>(Boxes indicated on DD Form 1747)</small>
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <small>(YYMMDD)</small>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <small>(YYMMDD)</small>		
SECTION VI - HOUSING REFERRAL CERTIFICATE					
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.		

APPLICATION FOR ASSIGNMENT TO HOUSING

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 our inability to assist you.

GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. **All items not listed are self-explanatory.** SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

Enter complete current address (*street number and name, apartment number, city, state/country and the 9-digit ZIP code*).

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

SECTION II - MILITARY CAREER INFORMATION

14. DATES (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (*May 17, 1993, would be entered as 930517*).

- a. Enter the date your current rate/rank was effective.
- b. Enter your active duty service computation date.
- c. Enter the time (*in months*) that you have remaining on active duty.
- d. Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
- e. Enter your official report date (*from your PCS orders*).
- f. Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

SECTION IV - HOUSING DATA

16 - 21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

SECTION V - DISPOSITION (*To be completed by the Housing Office*)

24. MILITARY HOUSING

a. **Application Received.** Enter the year, month, day and time the application was received in the Housing Office.

b. **Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.

c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.

d. **Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.

e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.

f. **Effective Placement.** The effective date and time of the applicant's placement on the list(s).

g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.

h. **Date Unit Assigned.** Enter the date the unit was assigned.

SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. § 5013, 10 U.S.C. § 5041, 10 U.S.C. § 2831, DoD 4165.63-M and E.O. 9397.

Principle Purposes: To determine an individual's eligibility for Navy housing; including privatized housing.

Routine Uses: Used by region and installation housing office personnel to determine eligibility for Navy housing and by private partners who operate privatized Navy housing for management and operational purposes.

Disclosure: Voluntary; however, failure to provide the requested information may impact eligibility for Navy housing, including privatized housing.

POLICY STATEMENT: In accordance with OPNAVINST 1752.3, to the maximum extent permitted by law or otherwise waived by Commander, Navy Installations Command or the Chief of Naval Personnel (CNP), sex offenders are to be identified & prohibited from accessing Navy facilities and occupying Navy owned, leased, or PPV housing.

Sex Offender Definition: Any person convicted of a criminal offense requiring registration per the National Guidelines for Sex Offender Registration and Notification Act (SORNA) (42 U.S.C. §§ 16901-16962).

NOTICE OF REQUIREMENT TO DISCLOSE

	INITIAL
1. Military sponsors requesting assignment to Navy owned, leased or privatized housing are required to sign this acknowledgment and disclosure form.	
2. Occupancy of Navy owned, leased or privatized housing will not be approved for otherwise eligible applicants if the applicant, any authorized dependent, or live-in aide residing in the home is a sex offender.	
3. Anyone discovered to be a sex offender in the application process shall be denied access to Navy owned, leased or privatized housing.	
4. Anyone found to be a sex offender after taking occupancy may lose the privilege of residing in Navy owned, leased or privatized housing, may be barred from the installation, and/or may be evicted. If eviction occurs you may be responsible for all relocation expenses.	
5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supports SJA/OGC offices, to include a copy of the applicant's DD 1746 and this form. All information will be forwarded to CNIC within two working days.	
6. Anyone found to have falsely certified this Acknowledgment shall be referred for barment or eviction, as appropriate, and may be responsible for relocation expenses.	
7. Denial of an application for assignment to Navy owned, leased or privatized housing under the applicable policy, may be appealed to the Region Commander via the military sponsor's chain of command.	

CERTIFICATION: I have read and understand the above policy. By my signature below, I certify that under a penalty of administrative action and/or prosecution for making a false official statement in violation of 18 U.S.C § 1001 and/or the Uniform Code of Military Justice, Article 107, that neither I nor any person living in my household is a registered/convicted sex offender. I understand that I am required to notify the Navy's Housing Office and the Installation Security Office immediately if circumstances change so that this certification is no longer true.

Signature

Date

Print Name

Command

PRIVATE PUBLIC VENTURE (PPV) STATEMENT OF UNDERSTANDING

	INITIAL
1. I understand waiting times for Public Private Venture Housing (PPV) are only estimates and subject to change.	
2. I am required to keep the Housing Service Center advised of any changes to my application (i.e. lease or Rental Partnership Program (RPP) expiration, rate, family members, address, phone numbers, e-mail addresses, etc.). I am required to provide housing with advance notice that I am unable to accept PPV housing until a specific date.	
3. I understand that a maximum of two (2) pets (dogs and/or cats) is permitted. Pet quantities exclude birds and fish. No Chows, Doberman Pinschers, Presa Canarios, Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweilers, any Wolf Hybrid or any mixes of the aforementioned breeds. Barnyard or exotic pets such as chickens, ducks, ferrets, rabbits, reptiles etc. are not permitted in PPV housing. I understand any damages caused to the unit or grounds by my pet(s) are also my responsibility.	
4. I understand that I must have six months or more remaining on my tour of duty to be assigned PPV housing.	
5. I understand that assignment to PPV housing will be accepted in writing. Acceptance may be made by sponsor or sponsor's designee with a Special Power of Attorney (must state "start, stop and change allotment)."	
6. I understand that when offered PPV housing; I have 24 hours to accept or to decline.	
7. I understand that if I decline my one PPV housing offer, I will be PERMANENTLY removed from the waiting list.	
8. I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Navy Housing Service Center to release the information contained in this family housing application to the Public Private Venture Managing Member for purposes of placement on the family housing waiting list and placement in a public private venture home.	
9. 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.	

CERTIFICATION: I have read and understand the above statements.

Signature

Date

Print Name

COURTESY MOVE ENTITLEMENT

POLICY STATEMENT: In accordance with CNICINST 11103.12 Navy Housing and Intra-Station Moves to qualify for a courtesy move you must meet the following:

ELIGIBILITY

Member is eligible for courtesy move when member receives PCS orders and applies for Private Public Venture (PPV) housing within 30 days of reporting to his/her command in the Hampton Roads area and PPV housing is not available.

Member is not eligible (bachelor) for PPV housing when PCS to Hampton Roads area but becomes eligible due to change from member with no dependents to member with dependents. Member must apply for PPV housing within 30 days of change of status to be eligible for courtesy move.

Member is not eligible for a courtesy move from one local PPV housing to another local PPV housing.

Member is eligible when he/she receives notice of landlord foreclosure.

FORFEITS ELIGIBILITY

Member fails to apply for PPV housing within 30 days of report date to command on PCS orders to Hampton Roads area.

Member fails to apply for PPV housing within 30 days of becoming eligible (i.e. marriage/pregnancy.)

Member is referred to Lincoln Military Housing for housing and is offered a PPV home and turns down the home.

I agree to pay all charges in connection with this move, if I fail to notify Personal Property Shipping Office of any change in plans prior to contractor pick-up or delivery date. Desired pick-up date is after key pick-up date.

CERTIFICATION: I have read and understand the above policy. I understand I am responsible for moving expenses if I am not entitled to a courtesy move and when eligibility has been forfeited.

Signature

Date

Print Name

OFFICE USE ONLY

Report Date:

Application Date:

HOUSING MEMORANDUM

From: Navy Housing Service Center
To: Community and Privatized Housing Residents

Subj: RENTERS AND LIABILITY INSURANCE

1. The Navy recommends that tenants living in privatized family housing and in the community seriously consider the issue of insurance.
2. There are two types of insurance of which you should be aware: renter's insurance and liability insurance.

Renter's insurance covers your personal property and will normally replace items if they are damaged or stolen. If you live in privatized family housing, your rent includes a \$10,000 personal property policy. You should review this amount of coverage to determine if it is sufficient to replace your belongings. If it is not, you should consider purchasing additional coverage.

Liability insurance covers damage to the structure you are renting. Some examples include a stove fire, a fire caused by a candle, or flooding due to a leaky waterbed. Liability insurance also covers you in the case of a lawsuit if someone should be injured in the structure you are renting due to your negligence. An example includes an injury due to a fall by someone due to a wet floor. Please be aware that some insurance policies provide both personal property coverage and liability coverage at a slightly increased premium.

3. All families are encouraged to take both renter's and liability insurance seriously. An accident which results in fire or flood damage could result in monetary damages, which could become a financial burden to you for the rest of your life. A general liability policy is inexpensive and well worth the cost.
4. If you have any questions or need further information, please feel free to contact the Navy Housing Service Center at:

NSA Hampton Roads – Northwest Annex (757) 445-2832
Naval Station Norfolk
NNSY Portsmouth

Joint Expeditionary Base Little Creek-Fort Story (757) 462-8939

Naval Station Oceana – Dam Neck Annex (757) 433-3368

Naval Weapons Station Yorktown (757) 847-7806