

SUPPORTING DOCUMENTS CHECK SHEET

(Please read everything carefully - missing documents will delay processing)

REQUIRED DOCUMENTS - Items 1-6 must be received before being placed on housing list:

- ___ 1. Orders - "certified" copy (front **AND** back) of your orders to Malmstrom (with dependents listed) **and** any amendments ~ *if mil-to-mil - we will need a copy each member's orders*
- ___ 2. Military Housing Referral Eligibility form - completed/signed (**w/pen or digital w/certs**)
- ___ 3. Active Duty Service Member Application for Housing form - completed/signed (**w/pen or digital w/certs**) ~ *if mil-to-mil both members need to sign*
- ___ 4. DD Form 1746, *Application for Assignment to Housing*, blocks 2-15 & 21-23 completed/signed (**w/pen or digital w/certs**) ~ blocks 1, 16, 17, 25, 26 do NOT need to be filled in
- ___ 5. AF Form 4422, *Sexual Offender Disclosure and Acknowledgement*, signed (**w/pen or digital w/certs**) for all military members ~ *if mil-to-mil both members need to sign*
- ___ 6. If you are on a remote assignment and coming to Malmstrom ~ we will need a "Certified" copy of "Unaccompanied/Dependents Restricted Remote Assignment" orders sending you to the remote location **as well as** your orders to Malmstrom

OTHER DOCUMENTS - that might need to be included:

- 7. Marriage certificate (if your spouse is **not** on your orders **OR** if you are Mil-to-Mil and join spouse assignment is not indicated on orders)
- 8. Proof of Pregnancy (with expected due date) signed by your Doctor or OB/GYN

Please return the completed packet and supporting documents (listed above) to the Military Housing Office (MHO), Bldg 130, Room 4, during duty hours or email:

Monday – Friday: 0800 – 1700

DSN – 632-3056 or 632-2272

Comm – 406-731-3056 or 406-731-2272 or

Email: 341ces.housing@us.af.mil

MILITARY HOUSING REFERRAL ELIGIBILITY

****NOTE: If married Mil-to-Mil - ranking member's info is required on the top of all forms**

Last Name: _____ First Name: _____ Rank: _____

Gov't Email: _____ Personal Email: _____

*** PLEASE CHECK ALL THAT APPLY:**

- PCS'ing to Malmstrom - what is your final outprocessing date (at MPF at losing base): _____
- Already stationed at Malmstrom - what was your arrival date: _____
- Key & Essential position → list squadron (or gp) & office symbol (CC/CCF/CCC, Gp Chief, etc): _____
- Returning from Remote/Dependent Restricted assignment (**MUST attach orders sending you to remote or unaccompanied location**). Date left your previous base to go to the remote location: _____
- Married mil-to-mil - we will need orders from BOTH members
- Pending Marriage date: _____ **OR** Expectant Mother due date: _____
- Lease/Rent on the local economy; lease/rent expiration date: _____
- A member of your family is on the Exceptional Family Member Program (EFMP). If that member requires any special accommodations, please specify: _____

1. Have you **previously** lived in Malmstrom AFB Government/Privatized housing (including Dorms)? Yes No
If currently living in the dorms: Bldg _____ Rm _____ Are you assigned a room but living off base? Yes No
2. Non-Temp Storage (NTS) may be authorized for excess furniture when moving into housing, please ask MHO for more info.
I have read and understand the statement above concerning moving authorizations: Initials: _____
3. **Housing recommends you speak to your insurance agent to obtain renters insurance for on- or off-base housing. Malmstrom AFB Homes does not provide renters insurance for on-base housing. Initials: _____**
4. **Air Force Pet Policy** (per AFI32-6000, para 2.21.1.) specifies that "Residents may not board dogs of any breed (including a mixed breed) that are deemed "aggressive" or "potentially aggressive," unless the dog is a certified military working dog that is being boarded by its handler/trainer with written approval of the Defense Force Commander or approval is obtained by the Installation Commander in writing. For purposes of this policy, aggressive or potentially aggressive breeds of dogs are defined as: Pit Bull (American Staffordshire Bull Terrier or English Staffordshire Bull Terrier), Rottweiler, Doberman pinscher, Chow, and wolf hybrids. Prohibition also extends to other breeds of dogs or individual dogs that demonstrate or are known to demonstrate a propensity for dominant or aggressive behavior, to include having the following type of behaviors: unprovoked barking, growling or snarling at people approaching the animal or aggressively running along a fence line when people are present or biting or scratching people or escaping confinement or restriction to chase people." Furthermore, Malmstrom AFB Homes (our privatized partner) **ALSO** prohibits **Akitas and Perro de Presa Canario** breeds in their lease pet addendum. There is a **limit of 2 pets** per household. **Acknowledgement: I have read and understand the AF & MAFB Homes policies regarding pets in privatized housing. Initials: _____**

Certification of Applicant: I hereby certify that my responses contained herein are true and correct. I understand that the omission of any material fact may result in denial of my application for housing, or possible removal from housing if the omission is discovered after assignment. By signing below, I elect to be referred to Privatized Housing and give my consent for my information (including PII) to be released to the Privatized Owner (MAFB Homes):

ALL signatures (ALL forms) must be digitally signed using CAC with certificates showing, or with an ink pen!

Applicant's Signature

Date

THIS BOX FOR HOUSING OFFICE USE ONLY

MHO Initials & Date: _____

DD1746 Orders AF4422 Marriage Certificate

Notes: _____

MAFB HOMES: Waitlist Priority: _____ OET Cat: _____ Eligibility Date for Applicant: _____

Active Duty Service Member Application for Housing

SERVICE MEMBER/SPONSOR									
Name:			SSN:			DOB:			
UIC:		Date of Rank:		Branch of Service:			Rank:		
Installation Assignment:					Arrival Date:				
Duty Phone:					Personal Email:				
Mobile Phone:					Military Email:				
Duty Location (if different):				Duty Zip Code:		Last Assignment:			
Current Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>	
Previous Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>	
MILITARY SPOUSE (IF APPLICABLE)									
Name:			SSN:			DOB:			
UIC:		Date of Rank:		Branch of Service:			Rank:		
Installation Assignment:					Arrival Date:				
Duty Phone:					Personal Email:				
Mobile Phone:					Military Email:				
Duty Location (if different):				Duty Zip Code:		Last Assignment:			
Current Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>	
Previous Address:						Own: <input type="checkbox"/>	Rent: <input type="checkbox"/>	Govt: <input type="checkbox"/>	
FAMILY MEMBERS									
Name:			DOB:			Relationship:			
Name:			DOB:			Relationship:			
Name:			DOB:			Relationship:			
Name:			DOB:			Relationship:			
VEHICLE									
Make	Model	Year	Color	Tag #	State				
PET									
Name	Type	Breed	Color	Gender	Weight	Age			
MISCELLANEOUS									
Veterinarian Name:				Veterinarian Phone:					
Have you or any family member ever been evicted or asked to leave housing?							Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Explanation:									
Do you have a Home Based Business?							Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Explanation:									
EMERGENCY CONTACT:									
Name:				Phone:			Email:		
THE UNDERSIGNED AGREES THAT ALL INFORMATION PROVIDED IS ACCURATE									
Signature:					Date:				
Co-applicant Signature:					Date:				

SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT

Attach to application for military, government-managed and privatized housing

I, (print name), _____, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, ***Application for Assignment to Housing.***

POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

Signature of Applicant

Date

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING REFERRAL		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN		5. DOD COMPONENT USAF
6. ADDRESS <i>(Street, City, State, Zip Code)</i>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		9. MARITAL STATUS		<input type="checkbox"/> b. MILITARY SPOUSE	<input type="checkbox"/> d. FOREIGN NATIONAL
NOTE: See Block 21 notes to fill in Block 14 dates		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>			
		<input type="checkbox"/> a. VOLUNTARILY		<input type="checkbox"/> b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <i>(X one)</i>			SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>		
<input type="checkbox"/> a. SELF ONLY		<input type="checkbox"/> b. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYMMDD order)</i>	MILITARY APPLICANT
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		<input type="checkbox"/> a. EFFECTIVE RANK/RATE DATE			
		<input type="checkbox"/> b. ACTIVE DUTY SERVICE COMPUTATION			
		<input type="checkbox"/> c. TIME REMAINING ON ACTIVE DUTY			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		<input type="checkbox"/> d. EFFECTIVE CHANGE IN DUTY STATION			
		<input type="checkbox"/> e. REPORT DATE			
		<input type="checkbox"/> f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <i>(If more space is needed, continue on plain paper.)</i>					
a. NAME <i>(Last, First, Middle Initial)</i>		b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>
SECTION IV - HOUSING DATA - THIS SECTION IS N/A FOR MALMSTROM					
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>					
<input type="checkbox"/> a. PURCHASE HOUSE		<input type="checkbox"/> d. RENT HOUSE		<input type="checkbox"/> g. RENT MOBILE HOME SPACE	
<input type="checkbox"/> b. PURCHASE CONDOMINIUM		<input type="checkbox"/> e. RENT APARTMENT		<input type="checkbox"/> h. SHARE	
<input type="checkbox"/> c. PURCHASE MOBILE HOME		<input type="checkbox"/> f. RENT MOBILE HOME		<input type="checkbox"/> i. RENT ROOM	
				<input type="checkbox"/> j. ROOM AND BOARD	
				<input type="checkbox"/> k. SUBLET	
				<input type="checkbox"/> l. TRANSIENT	
17. AMENITIES DESIRED <i>(X as applicable. Write number in d. and e.)</i>			18. DATE HOUSING NEEDED <i>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>
<input type="checkbox"/> a. FURNISHED		<input type="checkbox"/> e. NO. BATHS			
<input type="checkbox"/> b. UNFURNISHED		<input type="checkbox"/> f. PETS <i>(Allowed)</i>			
<input type="checkbox"/> c. AIR CONDITIONING		<input type="checkbox"/> g. OTHER <i>(Explain)</i>			
<input type="checkbox"/> d. NO. BEDROOMS					
20. LOCATION PREFERENCE <i>(Community Housing)</i>					
21. REMARKS					
**PLEASE NOTE: Block 14a - Date you put on your current rank Block 14b - Date you entered the military Block 14c - When your current enlistment ends Block 14d - Your final outprocessing date from MPF at your losing base Block 14e - From Block 5 on your orders (AF Form 899) - Report No Later Than Date Block 14f - When you expect to arrive at Malmstrom AFB					
22. SIGNATURE OF APPLICANT					23. DATE SUBMITTED <i>(YYMMDD)</i>
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>					
24. MILITARY HOUSING					
<input type="checkbox"/> a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>		<input type="checkbox"/> b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>		<input type="checkbox"/> d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>	
<input type="checkbox"/> e. APPLICANT PLACED ON WAITING LIST		<input type="checkbox"/> f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>		<input type="checkbox"/> h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>	
		<input type="checkbox"/> c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>		<input type="checkbox"/> g. BEDROOMS REQUIRED	
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.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED <i>(YYMMDD)</i>

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*).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- 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.
- Enter your official report date (*from your PCS orders*).
- 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

- Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- Date Unit Assigned.** Enter the date the unit was assigned.