

**MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE
HOUSING APPLICATION CHECKLIST**

- ___ Complete Application for Assignment to Housing,
DD Form 1746

- ___ Complete Privacy Act Release Form

- ___ Complete Registered Sex Offender Policy

- ___ Complete Pertinent Facts Concerning Housing at
MCRD Parris Island (initial and sign)

- ___ Complete Pet Documentation Form

Instructions: If you have pet in addition to completing this form, proof of your pet's updated rabies vaccination and microchip information from your veterinarian must be submitted with this application for housing. Please do not use mix in your breed description. Give predominate breed classification for all dogs.

- ___ Copy of Orders (Web Orders are authorized for
submittal of Application for Housing).

- ___ Copy of Dependency Application from Marine
Online (MOL) or Page 2 (Navy)

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	
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>		
				a. MILITARY MEMBER		c. CIVILIAN
				b. MILITARY SPOUSE		d. FOREIGN NATIONAL
9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>				
		a. VOLUNTARILY		b. INVOLUNTARILY		
11. I REQUEST HOUSING FOR <i>(X one)</i>		SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>				
a. SELF ONLY		b. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYMMDD order)</i>		
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		a. EFFECTIVE RANK/RATE DATE		MILITARY APPLICANT		
		b. ACTIVE DUTY SERVICE COMPUTATION DATE		MILITARY SPOUSE		
		c. TIME REMAINING ON ACTIVE DUTY				
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		d. EFFECTIVE CHANGE IN DUTY STATION				
		e. REPORT DATE				
		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						
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>						
a. PURCHASE HOUSE		d. RENT HOUSE		g. RENT MOBILE HOME SPACE		
b. PURCHASE CONDOMINIUM		e. RENT APARTMENT		h. SHARE		
c. PURCHASE MOBILE HOME		f. RENT MOBILE HOME		i. RENT ROOM		
				j. ROOM AND BOARD		
				k. SUBLET		
				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>		
a. FURNISHED		e. NO. BATHS				
b. UNFURNISHED		f. PETS <i>(Allowed)</i>				
c. AIR CONDITIONING		g. OTHER <i>(Explain)</i>				
d. NO. BEDROOMS		20. LOCATION PREFERENCE <i>(Community Housing)</i>				
21. REMARKS						
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						
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>		b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>		c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>		
d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>		e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>		
				g. BEDROOMS REQUIRED		
				h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>		
SECTION VI - HOUSING REFERRAL CERTIFICATE						
<p>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.</p>			<p>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.</p>			
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.

**Registered Sex Offender Policy
Prohibited Occupancy and Access to Family Housing**

Specific Objective: To comply with prohibited Registered Sex Offender occupancy and access to USMC Family Housing policy stipulated in the following directives:

- A. SECNAV Memo of 07 Oct 2008 -- "Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy"
- B. CMC I&L Policy Letter of 31 Dec 2008 – "Registered Sex Offenders Prohibited Occupancy and Access to Marine Corps Government-Owned, Leased, or Privatized family Housing"

Disclosure Statement: Information provided is for public safety disclosure purposes in accordance with the Sex Offender Registration and Notification Act (SORNA), (P.L. 109-248), and to check names against national/ state sex offender registries.

Family Housing Applicant Action:

1. Are you or any member of your family for whom you seek authorized housing under this application a sex offender as defined in the enclosure, or required to register as a sex offender? (circle one)

YES

NO

Note: If you answered "Yes", your application will be referred to the Installation Commander and Legal for processing.

2. CERTIFICATION OF APPLICANT

I hereby certify that my response contained herein is true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

Signature: _____ Date: _____

Printed Name: _____

**MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE
PRIVACY ACT RELEASE FORM**

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this family housing application to the Marine Corps Public-Private Venture Partner, Atlantic Marine Corps Communities at Tri-Command, for purposes of placement on the family housing waiting list and placement in a public-private venture home. I also authorize release of information from AMCC at Tri-Command to the MHO.

I understand that if I am not Active Duty, it is necessary to conduct a Landlord, Credit and Criminal Background check as part of my qualification for housing; therefore I authorize Atlantic Marine Corps Communities at Tri-Command permission to conduct the additional screening. I also authorize release of my dependents names to the Provost Marshall Office for the purpose of providing my dependents access to the Pine Grove, Laurel Bay, Naval Hospital and MCRD Parris Island housing areas.

Signature

Name (please print)

Date:

PERTINENT FACTS CONCERNING HOUSING AT MCRD PARRIS ISLAND

1. The personnel of the MCRD Parris Island Military Housing Office welcome you to the Beaufort area and hope to make your tour of duty as enjoyable as possible. We would like to list a few items of importance:

A. Your eligibility for housing is determined by your housing application and supporting paperwork (i.e., detaching/reporting orders, dependency application, and custody papers if necessary). The Military Housing Office must have ALL paperwork before you sign a lease with Atlantic Marine Corps Communities at Tri-Command. Your control date is determined by the date your completed application is received. This office strictly adheres to both USMC and MCRD Parris Island orders in determining where you will be placed on the list. Each waiting list has a “frozen zone”, which is the top 10 (ten) percent or top 3 (three) names, whichever is granted by the MCRD Parris Island Command. Until your name appears within the frozen zone it is possible that you could be “bumped” by someone with a control date prior to yours. Personnel are placed on the waiting list using their control date, rank and number of dependents. If your rank or numbers of dependents change while on the wait list or in housing please notify the Military Housing Office. These changes could affect your place on the wait list or if in housing could affect your bedroom requirement. TIME FRAMES GIVEN FOR THE WAITLIST AND ASSIGNMENT TO QUARTERS ARE SUBJECT TO CHANGE. ESTIMATES ARE MADE BASED ON PAST HISTORY OF PERSONNEL TURNOVER. OTHER FACTORS DO COME INTO PLAY SUCH AS MAJOR REPAIR PROJECTS AND OTHER UNCONTROLLABLE SITUATIONS.

B. Be sure that you make the decision as to whether or not your spouse will be authorized to accept housing should you be TAD, deployed or on leave. Your spouse must have a power of attorney and provide a copy to the Housing Office prior to signing a lease with Atlantic Marine Corps Communities at Tri-Command. You may be placed on the inactive list if you are in a lease, selling a home, etc. If called for housing and you do not want housing at that time, you must request to be placed on the inactive list or your application will be discarded.

C. If you accept housing before you check into your command a Privatized Housing Deduction will begin upon your move-in date. The rate for rent will be equal to your duty station from which you detached. Once you check-in to your command and start receiving the Beaufort BAH rate, your rent will equal the Beaufort BAH rate you are receiving. If you are newly married and have not started BAH with IPAC you may be required to pay out of pocket until your PPV deduction is set-up with IPAC. _____ Int.

D. Keep in mind that acceptance to on-base housing WILL NOT allow you to break a lease in town. Read your lease agreement carefully, and if you have questions contact Legal Assistance, 228-2559. MOST RENTALS IN TOWN REQUIRE A 30 DAY WRITTEN NOTICE TO VACATE.

E. Once assigned to housing, Atlantic Marine Corps Communities at Tri-Command must be notified of any guests visiting with you. You must have their name, SSN, date and place of birth, permanent address, relationship and dates of visit before inquiring with the Atlantic Marine Corps Communities at Tri-Command Community Center on Parris

Island for a visitor's pass. The request must be filled out prior to your guest's arrival. If your guests are visiting for 15 days or less, a visitor's pass will be issued. If a pass is requested for more than 15 days, the request must be approved via Administrative Action (AA) Form through your chain of command.

F. Any extended absence from housing must be reported to AMCC at Tri-Command. You will need to provide a leave address, emergency telephone number and name of person who will be taking care of your home while you are absent. **THIS IS IMPORTANT** for maintenance issues, hurricane evacuations and Provost Marshal occurrences.

HOUSING REGULATIONS YOU SHOULD BE AWARE OF PRIOR TO OCCUPANCY

1. Parking in housing has been a serious problem. Vehicles must be parked on the driveway **NOT ON THE GRASSED AREA**. If you have several vehicles be aware that parking in housing is limited. There is a recreational vehicle parking area for boats, campers, etc. located on Laurel Bay and one on MCRD Parris Island operated through MCCS. Space and key information for the RV Lot located on Laurel Bay can be provided by personnel at the TCC Welcome Center or your area Residence Services Coordinator. Information for the RV Lot operated by MCCS can be obtained by calling 843-228-1592.

2. PETS: Regulations allow only 2 (two) domestic pets per household in Atlantic Marine Corps Communities at Tri-Command. Written approval must be obtained from the Military Housing Office and Atlantic Marine Corps Communities at Tri-Command, prior to moving a pet into the home. Residents are required to provide documentation of vaccinations, microchip and license before permission is granted. Pets are neither to run free nor be tied or chained nor to become a nuisance to other residents. LEASH LAW ENFORCED. No barnyard, exotic, or wild animals allowed. Violations of community standards may result in the loss of your pet privilege. MCRD Parris Island Veterinarian, 228-3317. _____ Int.

We sincerely hope that the above information will be helpful regarding housing occupancy. Please feel free to call the Military Housing Office, 228-2853, if you have any questions.

Signature/Date

**MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE
PET DOCUMENTATION FORM**

Instructions: If you do not have a pet, complete 1 & 4. If you have a pet, complete 1, 2 & 3 and provide current pet's rabies vaccine and microchip records from your veterinarian with your housing application package.

1. RANK/FULL NAME: _____ DATE: _____

ADDRESS: _____

2. PET #1

NAME: _____ TYPE OF PET: DOG CAT FEMALE
 OTHER _____ SEX: MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING YES NO

PET #2

NAME: _____ TYPE OF PET: DOG CAT FEMALE
 OTHER _____ SEX: MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING YES NO

3. I have read and understand **MCO 11000.22 CH 6 dtd 11 Aug 09** and acknowledge my pet(s) are not on the restricted breed list and I will comply with all the provisions of the MCO noted above to include registration of the pet(s) via the Parris Island Veterinarian Clinic.

4. I currently do not have a pet. However, I acknowledge if I wish to obtain any type of pet, I must notify the Military Housing Office **PRIOR** to obtaining and bringing the pet to my housing unit.

SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY MILITARY HOUSING OFFICE

1. I certify the above pet(s) **DO** meet the requirements of MCO 11000.22 CH6 dtd 11 Aug 09.

2. I certify the above pet(s) **DO NOT** meet the requirements of MCO 11000.22 CH6 dtd 11 Aug 09. Reason for non-compliance:

- breed restricted
- vaccinations are not up to date
- non-functioning or no microchip in pet
- other _____

PRINT NAME _____ **SIGNATURE** _____ **DATE:** _____