



Office Use Only

MVC Rep. Signature \_\_\_\_\_ NeedbyDate \_\_\_\_\_ Eligibility Date \_\_\_\_\_  
 Bedroom Requirement \_\_\_\_\_ Date input into RealPage \_\_\_\_\_ Key & Essential Staff? Yes  No

# Military Application Form

## Service Member Information

Name of Service Member [Last, First, M.I.] \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pay Grade/Rank \_\_\_\_\_ Date of Rank \_\_\_\_\_ Branch of Service \_\_\_\_\_ Social Security \_\_\_\_\_ Gender Male  Female

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Civilian Email Address \_\_\_\_\_ Military Email Address \_\_\_\_\_

Date Clearing Current Installation \_\_\_\_\_ Desired Move-In Date [mm/dd/yy] \_\_\_\_\_ Dual Military? Yes  No

Installation/Organization Transferred from \_\_\_\_\_ Military Unit Assigned at Fort Huachuca \_\_\_\_\_

Marital Status  
Married  Single  Unaccompanied Personnel

### EFMP Family Member?

Yes  No

If yes, please explain any housing related accommodations: \_\_\_\_\_

### ADA Family Member?

Yes  No

If yes, please explain any housing related accommodations: \_\_\_\_\_

## Military Career Information

Enter in DD-MM-YYYY order	Military Applicant (Higher Ranking)	Military Spouse
Effective Date of Rank		
Time remaining on Active Duty		
Report Date		
Estimated length of Assignment to Fort Huachuca		

## Pet Information

Pets? \*[Maximum of two pets]

No  Yes  If yes, a refundable pet deposit of \$250 per pet is required.

Name	Type	Age	Gender	Color	Breed	Weight

Service and/or Assistance Animal?

No  Yes

Name	Type	Age	Gender	Color	Breed	Weight

\*Dogs of a restricted breed (including a mixed breed or breed derived from a restricted breed), are not allowed: Pit Bulls (American Staffordshire Bull Terriers or English Staffordshire Bull Terriers), Rottweilers, Doberman Pinschers, Chows and wolf hybrids.

## Dependent Information (Occupants residing with Military Member)

Name [Last, First, M.I.]	Relationship	Gender	Date of Birth

## Spouse Contact Information

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Email Address

Waitlist Eligibility is determined by the sign-out date on the DA31 Form from the Service members prior installation. Service members are encouraged to apply up to 90 days in advance from their arrival date. Applications submitted prior to the 90 days in advance will be declined and asked to resubmit at the correct time.

**It is the responsibility of the applicant(s) to update contact information with the housing office.**

**Renters Insurance:** Residents are required to obtain and maintain general liability insurance coverage of a minimum of \$100,000 and personal property insurance coverage of a minimum of \$10,000 for the duration of their tenancy at their sole cost and expense. Resident's Renters Insurance Policy shall name **Fort Huachuca-YPG Communities II, L.L.C. at 2317 Smith Street, Building 52065, Fort Huachuca, Arizona 85613** as an additional insured. Residents are strongly encouraged to insure personal property in an amount sufficient to cover the resident's property.

\_\_\_\_\_ By initialing, the applicant understands Renters Insurance is not required for an application, however, proof of insurance with the Fort Huachuca address provided during the housing assignment process will need to be submitted before the lease signing.

By signing this application, it is confirmed that all of the information contained in this application is true and correct to the best of the applicant's knowledge. The applicant understands and agrees that if it is later discovered that the applicant falsified any information in this application, it could result in termination of the application's tenancy.

\_\_\_\_\_

Service Member(s) Signature

\_\_\_\_\_

Date

