

**ADDITIONAL INFORMATION REQUIRED FOR HOUSING ASSIGNMENT**

**ALL APPLICANTS**

Personal Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

Weapons:  YES /  NO

Have firearm serial numbers available at check in.

**FAMILY HOUSING**

Spouse in Service:

Will you be collocated?  Not Applicable  YES /  NO

Spouse New Duty Station: \_\_\_\_\_

Spouse Arrival Date: \_\_\_\_\_

Special Needs:

Are you enrolled in the Special Needs Program?  YES /  NO

Do you have any special housing requirements based on the special needs?  YES /  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have pets?  YES /  NO

How many & Type: \_\_\_\_\_

(# of dogs and/or cats & breed/size)

Have vaccination documents available at check in.