

UPH OVERNIGHT GUEST REQUEST FORM

Section I Service Member Information: Please print.

Service Member's Name (<i>last, first, MI</i>):	Rank/Rate:
Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):

Section II: Permission Request Relevant Information: (name, relationship, visitation dates)

Date Request Submitted (MM/DD/YYYY)	Require AHA Approval ^{1,2} ? (YES/NO)	Overnight Guest ² Relationship(s)	Corresponding Guest Name(s)	Arrival Date (MM/DD/YYYY)	Departure Date (MM/DD/YYYY)	Total duration of continuous Overnight Guest Period (# of nights)

Notes:
 1: IAW CIM 1111.13 (series) overnight guest visitation beyond 30 days or exceeding 45 cumulative days in a 12 month period requires the Area Housing Authority's (AHA) written approval. [AHA Waiver Request Form](#)
 2: Overnight Guests are limited to dependents and immediate family members (e.g. spouse, children, parents, grandparents, and siblings) and their guest's immediate family members (spouse and children)

Additional Information/Comments:

CERTIFICATION: I have read and understand the regulations stated in the CG Housing Manual, COMDTINST M11101.13 (series) pertaining to my request. I understand the Housing Authority reserves the right to revoke my privileges if I fail to abide by any of these regulations. I understand that any changes in arrival/departure dates must be communicated to housing office via e-mail to D07-DG-BaseDetBQN-Housing@uscg.mil and any extension requests should also be submitted 5 business days in advance on this same form. Residents eligible for overnight guest privileges are primarily responsible for tracking cumulative overnight guest privilege limitations and clearly communicating any intended schedule changes or relevant information with the local housing office.

Service Member's Signature:	Date:
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Section III: AUTHORIZATION

-Approved -Disapproved	Local Housing Officer Signature: Please Print and Sign	Date:
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Remarks