

**MCAS BEAUFORT**

Office: 843-228-6000 /DSN 335-6000  
Fax: 843-228-6422/DSN 335-6422  
Email: [BEAUFORT\\_HOUSING@USMC.MIL](mailto:BEAUFORT_HOUSING@USMC.MIL)  
Mail: Military Housing Office  
P.O. Box 9097  
Beaufort, SC 29905

**MCRD PARRIS ISLAND/NAVAL HOSPITAL BEAUFORT**

Office: 843-228-2244/DSN 335-2244  
Fax: 843-228-3190/DSN 335-3190  
Email: [PARR\\_SMB\\_MCRDPI\\_HOUSING@USMC.MIL](mailto:PARR_SMB_MCRDPI_HOUSING@USMC.MIL)  
Mail: Commanding General Housing  
MCRD ERR  
P.O. Box 19001  
Parris Island, SC 29905

From: Military Housing Office (MHO) Staff  
To: Military Housing Applicant

Subj: HOUSING APPLICATION PACKET (MILITARY)

Thank you for your interest in housing. The following documents are required to complete your housing application packet and to be considered for referral to Tri-Command Communities (on-base housing). Please contact the appropriate Military Housing Office (listed above) for your duty station to receive a Housing Application Packet and to answer any questions you may have in regards to housing. Please send all documents to the MHO by email, fax, or mail. Please include a good phone number and/or email address where we may contact you.

**NOTE:** All documents **must** be received by the Military Housing Office to complete your application packet. If any documentation is missing or not completed your application **will not** be referred to Tri-Command Communities.

FORM	DATE MHO RECEIVED
Housing Application (Form DD 1746)	_____
Registered Sex Offender Policy	_____
Acceptance of On-Base Housing Letter	_____
Privacy Act Release Form	_____
Pertinent Facts	_____
Pet Documentation Form with MCO 11000.22 CH 6 <i>Please include shot records, documentation of microchip &amp; photo of pet(s)</i> <i>NOTE: A photo is only required if the pet's record does not state breed name.</i>	_____
Web/Original detach orders	_____
Dependency Application from SRB/OQR	_____
Chronological Record from SRB/OQR (if not able to provide orders)	_____
Custody Paperwork for children from previous marriages (if applicable)	_____
Landlord Letter (if living off base)	_____
Pregnancy Verification Letter from Primary Care Manager (if applicable)	_____
General or Specific Power of Attorney (if applicable)	_____

o Must state the following paragraph:

**6. ...;to sign for and clear government or other housing in the best interests of my family members and in accordance with the law and military regulations.**

o Spouse must sign as follows:

**"Military Member's Signature" POA "Spouse's Signature"**