

MCAS BEAUFORT

Office: 843-228-6000 /DSN 335-6000

Fax: 843-228-6422/DSN 335-6422

Email: BEAUFORT_HOUSING@USMC.MIL

Mail: Military Housing Office

P.O. Box 55012

Beaufort, SC 29904

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

Mail: Commanding General Housing

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) to answer any questions you may have in regards to housing. Please send all documents to the MHO by email or fax. 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)

Waitlist Government Funded Move information

Registered Sex Offender Policy

Acceptance of On-Base Housing Letter

Privacy Act Release Form

Pertinent Facts

Pet Documentation Form

***Please include shot records, microchip documentation and photo of pet(s)
No Prohibited Dog Breeds (see attached order)***

Web/Original detach orders

Dependency Application from SRB/OQR or Pg. 2 for Navy

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)

EFMP Enrollment Letter

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"

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.

**MCAS BEAUFORT/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 and Laurel Bay housing areas.

Signature

Name (please print)

Date:

**MCAS BEAUFORT, MCRD PARRIS ISLAND & NAVAL HOSPITAL BEAUFORT
WAITLIST & GOVERNMENT FUNDED MOVE ACKNOWLEDGEMENT**

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RANK	LAST NAME, FIRST NAME	DATE

PLEASE READ & INITIAL EACH SECTION AND SIGN & DATE AT BOTTOM

TO DO:

_____ MHO (Military Housing Office) is my first point of contact prior to signing an off base lease, and information for on base housing.

_____ Upon reporting to the Beaufort area, I must have my orders stamped/endorsed by the OOD at Headquarters Building #601 MCAS Beaufort, OOD at Naval Hospital, or my Command at MCRD Parris Island.

WAITLISTS:

_____ I acknowledge the Beaufort area has an on base waiting list and on base housing may not be readily available when needed. I understand MHO (Military Housing Office) provides both on and off base resource information for rentals and temporary lodging. I need to apply ASAP.

_____ I understand I will be added to the appropriate waitlist for my rank and bedroom entitlement based on control date. My control date, is the date the MHO receives a completed application including all required documentation, if I report to MHO within 30 days of reporting to my new command with my stamped orders (detaching endorsement from previous Command).

_____ I will remain on the waitlist until the first available unit in my paygrade and bedroom entitlement becomes available. Once I am offered a unit, if I choose to decline, I am removed from the waitlist and must wait 30 days to reapply.

_____ I can request to be placed on the Inactive Waitlist if I am unable to accept housing due to an off base lease. It is my responsibility to contact MHO to have my application reactivated and moved to the appropriate active waitlist.

_____ Depending on availability, I can be offered a home in Laurel Bay (1140 units), Parris Island (261 units) or Naval Hospital (53 units). There are not separate waitlists for these areas.

GOVERNMENT FUNDED MOVES:

If housing in my rank and bedroom entitlement is not available, and I have to move off base, then I am entitled to a government funded move onto base if:

_____ I report to MHO with a copy of my endorsed orders and apply for housing within 30 days of reporting to my Beaufort area Command **AND**

On base housing in my category is not available **AND**

I must accept the first offer for housing in my paygrade and minimum bedroom category.

_____ If I decline my first offer for housing, I forfeit my government funded move.

SIGNATURE

DATE

MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE

DATE

From: _____
RANK NAME

To: Commanding Officer, Marine Corps Air Station Beaufort

Subj: **ACCEPTENCE OF ON-BASE HOUSING - RENTAL PAYMENT**

1. I understand that by accepting on-base housing prior to checking into this Command, I will pay rent equal to Basic Allowance for Housing (BAH) at my current command rate.

2. For MCAS Beaufort and MCRD Parris Island, payments will automatically be deducted by the MCAS/MCRD Military Housing Office.

SIGNATURE

MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE

**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: _____

MCAS BEAUFORT/MCRD PARRIS ISLAND MILITARY HOUSING OFFICE

PERTINENT FACTS CONCERNING HOUSING AT MCAS BEAUFORT AND MCRD PARRIS ISLAND

1. The personnel of the MCAS Beaufort and 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., orders, dependency application, and custody paperwork if necessary). The Military Housing Office (MHO) must have ALL paperwork before you sign a lease with AMCC at Tri-Command Communities. Your control date is the date the MHO receives your completed application to include all supporting/required documentation. This office strictly adheres to USMC, MCAS Beaufort and MCRD Parris Island orders in determining where you will be placed on the list. Each waitlist has a “freeze zone”, which is the top ten percent or top three names, whichever is granted by the MCAS Beaufort/MCRD Parris Island Commanding Officers. Until your name appears within the freeze zone it is possible that you could be “bumped” by someone with a control date prior to yours. Personnel are placed on the waitlist using their control date, rank and number of dependents. If your rank or number of dependents change while on the waitlist or in housing, please notify the Military Housing Office. These changes could affect your place on the waitlist or if in housing could affect your bedroom entitlement. IF YOU REQUEST TO MOVE FROM ONE HOUSE TO ANOTHER, FOR ANY REASON (i.e., increase in family, change in rank, etc.), YOUR CONTROL DATE WILL BE THE DATE YOUR REQUEST IS APPROVED. 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 Military Housing Office prior to signing a lease with AMCC 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. It is your responsibility to reactivate your application.

C. If you have not checked in to your command at the time you sign your lease with AMCC at Tri-Command you may be required to pay out of pocket (if a PPV deduction cannot be started) for the number of days you are in housing prior to your check-in date. REMEMBER: You are receiving BAH in your check at this time but until you check-in, a PPV deduction for AMCC at Tri-Command may not be able to be started. If you are newly married and have not started BAH with IPAC, you will 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, 228-7330 for MCAS Beaufort and 228-2559 for MCRD Parris Island. MOST RENTALS IN TOWN REQUIRE A 30 DAY WRITTEN NOTICE TO VACATE.

E. Once assigned to housing at Laurel Bay, the MHO at MCAS Beaufort and AMCC at Tri-Command must be notified of any overnight guests visiting you. You must bring your guest to the MHO with their ID or driver's license and vehicle information. If all requirements are met, guest passes are issued for a maximum of 15 days. If a pass is requested for more than 15 days, an Administrative Action (AA) Form must be submitted through your chain of command to the MHO with justification. If overnight guest visiting MCRD Parris Island and Beaufort Naval Hospital housing are required to present their ID and driver's license to PMO. If your guest visit exceeds 14 days, an Administrative Action (AA) Form must be submitted through your chain of command to the MHO at MCRD Parris Island with justification.

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. You are still responsible for your home during your absence.

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 parking in housing is limited. There is a recreational vehicle parking area for boats, campers, etc. located on Laurel Bay. Space and key information can be provided by personnel at the AMCC at Tri-Command Welcome Center or your area Residence Services Coordinator.

2. PETS: Regulations allow only 2 (two) domestic pets per household in AMCC at Tri-Command. Pets must be registered with the Parris Island Veterinarian Clinic within 30 days of occupying on base housing and approved by the MHO and AMCC at Tri-Command prior to moving a pet into the home.

Residents are required to provide documentation of vaccinations, microchip and a photograph of the pet 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 MCAS Beaufort Military Housing Office, at 228-6000 and MCRD Parris Island at 228-2853, if you have any questions.

Signature/Date

**MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE PET DOCUMENTATION FORM**

Instructions: If you do not have a pet, complete 1 & 5. If you have a pet, complete 1, 2, 3, & 4 and provide current pet's rabies vaccine and microchip records from your veterinarian with your housing application package.

1. RANK/FULL NAME: _____ DATE: _____

2. ADDRESS: _____

3. UNIT: _____ PHONE: _____

PET #1

NAME: _____

TYPE OF PET: ☐ DOG ☐ CAT ☐ OTHER _____

SEX: ☐ FEMALE ☐ MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING ☐ YES ☐ NO

Place Photo Here
Pet #1

PET #1

NAME: _____

TYPE OF PET: ☐ DOG ☐ CAT ☐ OTHER _____

SEX: ☐ FEMALE ☐ MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING ☐ YES ☐ NO

Place Photo Here
Pet #2

4. ☐ I have read and understand **MCO 11000.22 dtd 14 Jul 14** 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.

5. ☐ 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 PARRIS ISLAND VETERINARIAN

☐ I certify the above pet(s) **DO** meet the requirements of MCO 11000.22 dtd 14 Jul 14.

Parris Island Pet Registration # _____ **Expiration Date:** _____

☐ I certify the above pet(s) **DO NOT** meet the requirements of MCO 11000.22 dtd 14 Jul 14. Reason for non-compliance: ☐ breed restricted

☐ vaccinations are not up to date

☐ non-functioning or no microchip in pet

☐ other _____

VETERINARIAN SIGNATURE _____ **DATE:** _____