FAMILY HOUSING CUSTOMER SERVICE DOCUMENT

Information contained on this form is maintained under the Systems of Records Notice NM11101-1 DON Family and Bachelor Housing Program (April 1, 2008, 73 FR 17334). **AUTHORITY**: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 2831, Military Family Housing Management Account; DoD 4165.63-M, DoD Housing Management; and E.O. 9397 (SSN). **PRINCIPLE**: Military/civilian personnel eligible for/interested in occupying DON housing and those occupying DON housing (including privatized housing). **PURPOSE:** To determine an individual's eligibility for Navy or Marine Corps housing and to oversee housing occupancy once assigned. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) **DISCLOSURE:** Mandatory

☐ APPLYING FOR GOVT QTRS ☐ TMO LETTER ☐ SCHOOL LETTER ☐ TMO VOUCHER ☐ OTHER (Explain) _____

***** *****NOTE: THIS IS NOT A HOUSING APPLICATION***** *****

SSN:		NAME: (LAST)	(FIRST)		(MI)
RANK:	RATE:	BRANCH:	HOME PHONE:	CELL PHONE:	CELL PHONE: (SPOUSE)
DATE OF RANK:		WORK PHONE:		E-MAIL:	
EAS:		DETACHMENT DATE: (from last duty station)		E-MAIL: (SPOUSE)	
DATE ENTERED MILITARY:		REPORT DATE: (TO CAMLEJ)		MILITARY UNIT: (CO, BN, CMD)	
HOME ADDRESS: (Spouse and/or Family location)				DATE OF MARRIAGE: (day, mo, yr)	

DEPENDENTS WHO WILL BE RESIDING WITH YOU PERMANENTLY (LAST, FIRST, MI)	RELATIONSHIP	DATE OF BIRTH (day, mo, yr)

CAN SPOUSE ACCEPT HOUSING ☐ YES ☐ NO | IS SPOUSE/SELF CURRENTLY PREGNANT ☐ YES ☐ NO

ADDITIONAL INFORMATION REQUIRED WHEN SPOUSE IS AN ACTIVE DUTY SERVICE MEMBER

SPOUSE'S SSN:	SPOUSE'S RANK/RATE:	DATE OF RANK/RATE:	EAS:
DETACHMENT DATE (from last duty station)	REPORTED DATE to CamLej	MILITARY UNIT ADDRESS	WORK PHONE

MCBCL/I&E/FHD/17 (3/12) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

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