FORM: UH SF-01 Updated: 9/2023	BAH WAITLIST APPLICATION							
Section I : Fill in all requested data completely. Failure to do so will delay the processing of your request. All requests shall be routed through service members' chain of command. Member's Commanding Officer signature is required. The UH Manager will only consider requests that have been completely filled out and approved by member's command.								
Service Member's Name (Last, First, MI):		Paid Rank: Date of Paid Rank: (mm/dd/yy)		Gender: (M/F)	DoD ID:		Current Barracks Assignment: (Bldg/Room)	
Email:							,	
Current Command:	Rotation Date: (mm/dd/yy)	Active Duty Se (mm/dd/yy)	rvice Date:	Commanding Of Endorsement:	ommanding Officer ndorsement:		CMDCM Endorsement:	
		Phone Numb	<u>oer</u>	Print Name	rint Name		Print Name/Signature	
			()		Signature Date:		(Email)	
Section II: I, the undersigned, understand I am requesting permission for a release from assignment to Unaccompanied Housing (UH) and if approved by UH Manager, will be eligible to receive BAH in lieu of government owned barracks. I also understand the conditions set forth below, which I have read and initialed.								
Initial the below statements:								
() I understand that once approved release from UH barracks, additional documentation is required to be submitted to UH Admin office to complete BAH processing within 30 days or my name will be removed from the BAH waitlist and I will be required to re-submit BAH waitlist application, UH SF-01 for reconsideration.								
() I understand once approved BAH, I am prohibited from residing overnight in any government owned accommodations, including on any ship, while in homeport unless required to do so (such as in port duty days or underway periods).								
() I understand if I currently reside in UH barracks, I will be required to vacate my assigned barracks rooms by successfully completing a room inspection with the UH Building Manager, once I have been notified in writing from UH Admin of approved release from UH barracks. I further understand, I am not entitled to a government funded local move.								
Service Member (Print/Sign):				DATE:	DATE:			
Unaccompanied Housing Admin (Print/Sign):				DATE REC	DATE RECEIVED:			
Section III: Unaccompanied Housing Officer's Decision on Release From Assignment To Unaccompanied Housing. The following determination has been made regarding the above request for a waiver from assignment to UH quarters. Any appeal of a negative decision must be submitted in writing, via member's chain of command, to the JB Commander.								
Mandated UH barracks occupancy rate is currently 95% or greater YES NO Added to Wait List Yes/ ELIGIBILITY DATE:								
Approved (UH Mgr initials)					Disapproved (UH Mgr initials)			
Unaccompanied Housing Manager (Print/Sign):				Date:				