

#### ALL CUSTOMERS MUST ATTEND MANDATORY AREA ORIENTATION BRIEFING

(WITH THE EXCEPTION OF COAST GUARD MEMBERS WHO ARE ONLY REQUIRED TO ATTEND THE HOUSING BRIEF)

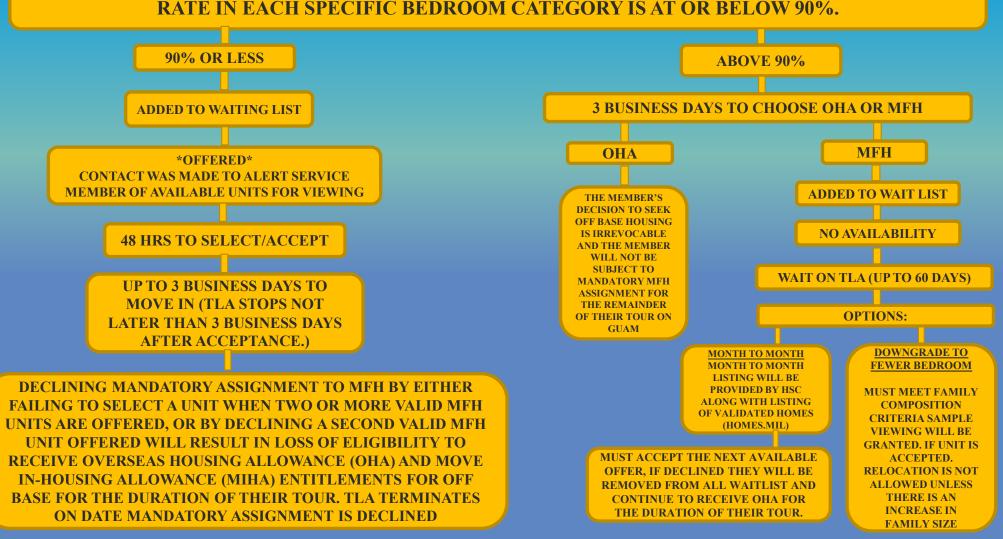
FLEET & FAMILY SUPPORT CENTER (FFSC) CONTACT NO. 671-333-2056/57 TO REGISTER

EFFECTIVE 20 FEBRUARY 2023 NBG HOUSING HAS IMPLEMENTED A MANDATORY ASSIGNMENT FOR ON-BASE HOUSING. THIS APPLIES TO ALL INCOMING ACCOMPANIED SERVICE MEMBERS E1 – 06 TO INCLUDE PREVIOUSLY-UNACCOMPANIED SERVICE MEMBERS RESIDING IN NBG UNACCOMPANIED HOUSING WHO SUBSEQUENTLY ACQUIRE AN ON-STATION, COMMAND SPONSORED DEPENDENT DURING THEIR TOUR.

AFTER ATTENDING THE HOUSING BRIEF MEMBERS WILL BE CONTACTED TO REPORT TO THE HSC VIA EMAIL OR PHONE CALL WITHIN TWO BUSINESS DAYS

MANDATORY ASSIGNMENT WILL BE IMPLEMENTED WHEN THE OCCUPANCY RATE IN EACH SPECIFIC BEDROOM CATEGORY IS AT OR BELOW 90%. THE MILITARY MEMBER WILL BE ASSIGNED TO MFH.

## ASSIGNMENT TO MILITARY FAMILY HOUSING (MFH) IS MANDATORY WHEN THE OCCUPANCY RATE IN EACH SPECIFIC BEDROOM CATEGORY IS AT OR BELOW 90%.



# OCCUPANCY % BY BEDROOM CATEGORY AS OF 11/19/2024

| 2 Bedroom | 99% |
|-----------|-----|
| 3 Bedroom | 95% |

4 Bedroom E8 or Above

4 Bedroom E7 or Below 95%

# REQUEST FOR EXCEPTIONS TO MANDATORY MFH ASSIGNMENT POLICY

- MUST BE SUBMITTED TO THE HSC WITH ENDORSEMENT FROM THE REQUESTOR'S COMMANDING OFFICER OR OFFICER-IN-CHARGE NO LATER THAN 48 HOURS AFTER THE MEMBER'S INITIAL APPOINTMENT WITH THEIR ASSIGNED COUNSELOR.
- (NBG ICO's APPROVAL WILL BE REQUIRED FOR SUBMISSION AFTER THE 48 HOUR DEADLINE)
- MILITARY MEMBERS WILL RETAIN TLA ELIGIBILITY WHILE SUCH WAIVER REQUEST ARE REVIEWED.
- REQUESTOR'S ARE STRONGLY ADVISED TO NOT TAKE ANY ACTIONS THAT PRESUME APPROVAL PRIOR TO RECEIVING THE DECISION.
- THIS INCLUDES, BUT IS NOT LIMITED TO, ARRANGING AN OFF-BASE RENTAL PROPERTY.
- REQUESTORS WILL BE RESPONSIBLE FOR ANY CONSEQUENCES CAUSED BY THEIR OWN ACTIONS, INCLUDING FINANCIAL LIABILITIES.

### **TLA PROCESS**

CHECK INTO THE COMMAND
\*ORDERS MUST BE STAMPED TO INITIATE TLA

#### **NGIS OR CNA**

CONFIRM RESERVATION 671-339-5139/5259

#### **NGIS**

UP TO 60 DAYS OF
TLA
BASED ON
HOUSING
AVAILABILITY

#### **CNA**

(CERTIFICATE OF NONAVAILABILITY)
NO AVAILABILITY AT NGIS

#### MUST BE FEMA APPROVED HOTEL

\*NO THIRD-PARTY BOOKINGS
( IE AGODA, BOOKING.COM OR EXPEDIA)
\*NO AIR BNB
\*NO VRBO (VACATION RENTAL BY OWNER)

NOTE: HOTEL RECIEPTS MUST BE PAID AND ITEMIZED UPON SUBMITTING

#### **ELIGIBILITY**

**AUTHORIZED** 

TLA IS AUTHORIZED UP TO THE DATE THE UNIT IS READY FOR OCCUPANCY; NOT TO EXCEED 60 DAYS.

TLA WILL TERMINATE WHEN PRIVATE SECTOR HOUSING LEASE HAS BEEN APPROVED AND UNIT IS AVAILABLE FOR OCCUPANCY APPLICABLE BASED ON MANDATORY ASSIGNMENT POLICY

UP TO 3 DAYS TO MOVE IN

#### **UNAUTHORIZED**

SERVICE MEMBERS IN TRANSIT OR VACATIONING

UNACCOMPANIED SERVICE MEMBERS ATTACHED TO A SEA DUTY COMMAND

#### **UP TO 60 DAYS OF TLA**

FOR PRIVATE RENTALS, SERVICE MEMBERS MUST SHOW PROOF OF "ACTIVELY SEEKING HOUSING (\*5 LISTINGS PER EVERY 10 DAYS)

## Documents Required to Process TLA

- ❖ Housing Referral Record (HRR)
- ❖NGIS Certificate of Non Availability (if applicable)
- ❖Itemized paid hotel receipt, reflecting a \$0 balance, submitted every ten days
- **❖TLA** brief sheet
- ❖TLA Briefing & Acknowledgement
- **\*TLA** worksheet
- ❖Note: TLA must be submitted to the Housing Service Center every 10 days by providing all the aforementioned documents, commencing from the date of command check in. TLA will be paid as a reimbursement and not processed in advanced.

### **TLA Briefing & Acknowledgement**

JTREGMARIANASINST 7200.IC 8 oct 20

#### ARRIVAL / DEPARTURE TEMPORARY LODGING ALLOWANCE (TLA) BRIEFING AND ACKNOWLEDGEMENT

#### ARRIVAL TLA:

- 1) TLA may be authorized when the TLA Authority determines it is 1) ILA may be authorized when the ILA Authority determines it is mandatory that a member and/or dependents occupy temporary lodging at personal expense. If authorized, incoming uniformed service members with or without family, may be authorized arrival. TLA to commence as of the date reported to the permanent duty
- Newly arriving members and/or dependents are required to check into the Housing Service Center (HSC) within the first working day after arrival.
- 3) In the event that Government transient quarters/accommodations are available, members and/or dependents will be required to reside in such quarters. If government transient accommodations are not available, members are required to obtain a certificate of "nonavailability" from the Navy Gateways Inns and Suites (NGIS) prior to making reservations with a FEMA approved Hotel accommodations.
- 4) Members must have TLA eligibility verified by the Housing Office pay office upon occupying permanent housing to prevent TLA over payment. upon check-in and every  $10\,\mathrm{days}$  thereafter, before TLA payments are processed by the military pay officers.
- 5) TLA authorization for an OCONUS PDS assignment requires actively seeking government or private sector housing and should not exceed 60 days when suitable housing is available at the member's exceed or days writer suitable notising is available at the memore 7 duty station or preferred geographic location. A member who has applied to occupy Government Housing will lose TLA and will be removed from the housing waiting list if a housing assignment at the duty station or preferred geographic location is refused.
- 6) Uniformed service members who elect private sector housing will be authorized up to 60 days TLA to find private sector housing. TLA will terminate when private sector housing has been inspected and determined to be ready and reasonably available for occupancy by the

#### DEPARTURE TLA:

- Service members must submit orders and flight itinerary for departure TLA briefing and processing. Departure TLA should not exceed the last 10 days before the day the member is to depart their permanent duty station. The member must still be attached to the command on Guam for departure TLA to be authorized.
- In certain and adverse situations, requesting for additional TLA days must be submitted by written request providing full support justification. The request must be endorsed by the member's Commanding Officer.
- TLA authorization depends on the expenses incurred at temporary lodging. An itemized billing accounting for dates of occupancy and a paid receipt with a cleared balance is required to support claim and proper primbusement.
- In the event that transient quarters/accommodations are available, member and / or dependents are required to reside in such quarters. If government transient accommodations are not available, members will be provided with an updated list of TLA approved accommodations in

#### ARRIVAL TLA CONT:

- 7) Lodging expenses are not authorized while staying with friends/relatives. However, a separate TLA allowance for meals and incidental expenses is paid to service members. Service members must obtain a Housing Referral Record for submittal and reimbursement, and must submit this document to their respective
- TLA authorization depends on the expenses incurred at the temporary lodging.
   All persons receiving TLA are required to obtain and keep receipts for lodging. expenses to support TLA payment.
- The use of temporary lodging, with facilities for preparing and consuming meals, is recommended to assist in reduction both the member's and
- 10) TLA entitlements can be terminated by failure to comply with TLA policy and when the Housing Authority has determined it is no longer nec
- 11) It is the member's responsibility to inform the Housing Office and military

To request a TLA extension beyond 60 days, a number must submit a written request to the respective Local Housing Authority. The request must written request to the respective Local Housing Authority. The request must be called the Carlon of the Carlon o

#### DEPARTURE TLA CONT:

- Lodging expenses are not authorized while staying with friends/relatives.
   However, a separate TLA allowance for meals and incidental expenses is paid to
- 6) The use of temporary lodging with facilities for preparing and consuming meals is recommended to assist in reducing the member's and government's
- 7) Government owned furniture is available for temporary loan for service members to continue to occupy permanent Government Quarter or private sector housing after household goods have been picked up for shipment.
- 8) Permanent Government Quarters or private sector housing should not be vacated sooner than necessary as any non-approved days will be at a personal

#### ACKNOWLEDGEMENT:

acknowledge that I have read and understand my TLA eligibility as it applies to my arrival and departure from (Full Name, Rate/Rank, Date)

JTREGMARIANAS 7200/2 (09-20)

Enclosure (4)

### **TLA Briefing Sheet**

#### PERSUPPDET GUAM ARRIVAL TEMPORARY LODGING ALLOWANCE (TLA) BRIEFING SHEET

| Command:   |  | UIC:  | Work Phone:   |
|--|--|---|---|
| TLA START DATE:  | With Dep   | pendents: Yes   | No  |
| Max Lodging:   |  |   |   |
| Allowance (TLA) and unTLA is provided to occupying temporary lodgi                           | derstand that: (PLEA) partially reimburse a me ing upon reporting at the   | SE INITIAL EACH<br>ember for the more t<br>new OCONUS pern                                      | han normal expenses incurred while  |
|  | v OCONUS PDS. Reporti  | ing date is based on  | the gaining command's stamped   |
| deployment from the home<br>of the member's military as<br>CO's certification, stating t     | port of the ship may con<br>signment, the temporary<br>that retaining the TLA qu<br>pice/convenience, must b                                   | tinue to receive TLA<br>y quarters must be r<br>arters was because                              | the new PDS, or who is ordered on on the member's behalf when, because etained at the new PDS or homeport. A of military necessity and not because of e claim. The member's share of the  |
| authorized if TLA authority  | determines that it is nec<br>ependent's arrival (withir  | essary that the men<br>the initial 60-day p   | d-sponsored dependent, TLA may be<br>nber occupy temporary lodging at<br>eriod), TLA may be authorized for<br>y lodging.  |
|  |  |   | OCONUS PDS in advance of a member<br>travel, the dependent's TLA start date is  |
| continue to receive TLA on<br>at the new PDS, the member                                     | the member's behalf. W<br>er's share of temporary le<br>taining the TLA quarters   | hen, despite hospita<br>odging cost is inclu<br>s was because of mi                             | ne new OCONUS PDS, the member may<br>alization, TLA quarters must be retained<br>ded as a TLA expense. A CO's<br>litary necessity and not because of the<br>aim.  |
| A member who had<br>or TLA for the acquired dep<br>PCS orders.                               | no dependent on arrival<br>endent because the me   | but who acquires a<br>mber was without d  | dependent after arrival is not eligible<br>ependent on the effective date of the  |
| TLA may be paid for<br>eeking private sector housi   |  |   | cinity, after reporting for duty, while ament.  |
| ependents remain(s) in the   | PDS vicinity to continue<br>ment. The number of de   | to seek private sec   | the PDS vicinity, unless one or more<br>tor housing or while awaiting<br>inue to occupy temporary lodging   |
|  |  |   | the TLA Authority, TLA upon initial<br>Government quarters or private sector  |
| vith the claim for processing<br>ssued directly by a TLA app<br>ax associated with the cost. | g. Original lodging recei<br>roved lodging/Hotel faci<br>. Third party receipts (i.e<br>ots will be disallowed an<br>ferred to the proper auth | pts are required to a<br>ility and itemized to<br>a. receipts issued by<br>d the entire claim w | be reviewed and then forwarded to PSD<br>support TLA claims. Receipts must be<br>show the actual daily lodging cost and<br>r a booking agency) are not acceptable.<br>Ill be denied and reported as fraudulent.<br>tion and appropriate |
| Depending on DFAS<br>occount on the scheduled pa<br>filitary Pay Account. Upon r             | ayday following the date   | the TLA document  | s will be posted in the member's EFT<br>input is posted to the member's Master  |
| ember signature D  | ate  |   |   |

# Housing Referral Record (HRR)

JTREGMARIANASINST 7200.1C

Enclosure (3)

| 8 oct 20  |                              |           |                            |       |   |  |  |  |
|---|------------------------------|-----------|----------------------------|-------|---|--|--|--|
| HOUSING REFERRAL RECORD   |                              |           |                            |       |   |  |  |  |
| NAME  | RANK                         |           |                            |       |   |  | DATE   |  |
| ARRIVAL DATE OF MEMBER  | 130300                       | - CO C    | E50                        | -     | SOJECTION FOR GOV T                                       | 701ADTEDE  |  |  |
| AUGUVAL DATE OF MEMBER  | RRIVAL DATE OF MEMBER NUMBER |           | LEFS                       |       | WITHIN 30 DAYS OF A                                       |  |  |  |
|   |                              |           |                            |       | BEYOND 30 DAYS OF   |  |  |  |
| ARRIVAL DATE OF DEPS  | BDRM                         | RECUI     | EMENT                      | 4.5   |   |  | OMMUNITY HOUSING   |  |
|   | 100000                       |           |                            |       | () WITHIN 60 DAYS O                                       | FARRIVAL   |  |  |
| TLA COMMENCEMENT DATE   | _                            | NUM       | BER OF                     | 0.0   | AY EXTENSIONS   |  |  |  |
|   |                              | ()1       | ()2 (                      | )3    | ()4 ()5 ()6-()  | 7 ( 18 ( 19                                      | ()10 ()11 ()12   |  |
|   |                              |           |                            |       | nd 60 days require CIRM                                   | **   |  |  |
| To maintain continued eligibility for '<br>Housing Authority, (2) aggressively a<br>cause for termination of entitlement to<br>form will add in supporting your clair | TLA H                        | it become | e living ac<br>ses necessi | ary t | amodations, or (3) register<br>to request an extension of | dents. Failure<br>with the Hous<br>TLA, the comp | to (1) register with the<br>ing Referral Office will be<br>pleteness and accuracy of thi |  |
| COMPANYNAME   |                              | REA       | L ESTAT                    |       | GENT CONTACTS<br>GENT                                     | _  | DATE   |  |
| CONSTRUCTOR   |                              |           |                            |       |   | -  | 21112  |  |
|   | $\rightarrow$                | _         |                            | _     |   | +  |  |  |
|   | _                            |           |                            |       |   | _  |  |  |
|   |                              |           |                            |       |   |  |  |  |
| Follow up information on leads fumis<br>ADDRESS   | hed throu                    | th House  | ng Files, I<br>NO OF       | RR.   | tors and Newspaper Adve<br>REASON OF UNSULT               | ARILITY  | I DATE   |  |
| 100000  | 1                            |           | 1.0.01                     | 2011  | 1001101101  | THOUSE I I                                       | 2,112  |  |
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|   | +                            | _         |                            | _     |   |  |  |  |
|   | +                            |           |                            |       |   |  |  |  |
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|   | $\top$                       |           |                            |       |   |  |  |  |
| SIGNATURE OF MEMBER   |                              |           |                            |       |   | DAT  | E  |  |
| IT IS CERTIFIED THAT THE ABO  | VENAM                        | DMEN      | BER CO                     | MPI.  | JED WITH FINANCIAL  | MANAGEM  | ENT REGULATIONS AND  |  |
| JTREGMARIANAS INST 7200.1C I  | NACTIV                       | ELY SE    | EKING P                    | ERA   | MANENT TYPE QUART   | ERS.   |  |  |
| SIGNATURE (HOUSING AUTHOR   | ITY)                         |           |                            |       |   | DAT  | Ē  |  |

JTREGMARIANAS 7200/1 (09-20)

authorized to live in the community will submit a completed HRR to the Housing Service Center. This documentation must reflecting that they are actively reviewing at least five rental units every ten day period, annotating all on enclosure 3.

Service members who are

#### **TLA Worksheet**

| NAME (Last, First MI)  | RANI   | K/RATE  |
|--|--|---|
| COMMAND REPORTING TO/FROM  | ACCOMMODATIONS NAME AND  | ADDRESS   |
| FAMILY MEI   | MBERS ON STATION   |   |
| NAME (Last, First MI)  | RELATIONSHIP   | DATE OF BIRTH   |
|  | SPOUSE   |   |
|  | DEPENDANT UNDER AGE 12   |   |
| IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAY<br>STATING TLA IS AUTHORIZED FOR PROCESSING.  | NG OFFICE AND A PAID LODGING RE<br>/E A GENERAL OR SPECIAL POWER   |   |
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## Required Documents for Family Housing

- **♦** Application (DD form 1746)
- Stamped, checked-in orders
- \*Detaching Endorsement (Determines your placement on the waitlist)
- \*Page 2 (Dependency Application / Record of Emergency Data)
- ❖ Page 13 (Tour Election; Accompanied/Unaccompanied)
  - with the exception for all USCG service members
- Command Sponsored Dependent(s)
- Flight itinerary for service member and dependent(s)

| APPLICATION  | FOR ASSI                        | GNMENT TO                           | HOUSI                | NG                                      |                  | 1. T            | PE SER  | ICE DE            | SIRED (X                       | one or both)          |  |
|--|---------------------------------|-------------------------------------|----------------------|---|------------------|-----------------|---|-------------------|--------------------------------|-----------------------|--|
| (Before completing form  | r, read Privacy Act             | Statement and instruct              | ions an rever        | 50)                                     |                  |                 | a. MILITAR  | RY HOUSIN         | IG                             | b. HOUSING            |  |
| ECTION I - APPLICANT INFORMAT  | ION                             |                                     |                      |   |                  |                 |   |                   |                                |                       |  |
| . NAME OF SPONSOR (Last, First, Mid-   | dle Initial)                    | 3. PAY GRADI                        |                      | 4. SSN                                  | I                |                 | 5. DOD  | COMPC             | NENT                           |                       |  |
| ADDRESS (Street, City, State, Zip Code)  |                                 | 7. TELEPHON                         | ENUMBE               | ER.                                     |                  | 8. S            | TATUS OI  | APPLI             | CANT (X)                       | one)                  |  |
|  |                                 | a. HOME (Area Co                    | de)                  | b. DUTY                                 | (DSN)            |                 | a. MILITAR  |                   |                                | c. CIVILIAN           |  |
| Name of Hotel, Ship or   |                                 | 1                                   |                      |   |                  |                 | b. MILITAR  | Y SPOUSI          |                                | d. FOREIGN NATIO      |  |
| Bldg/Rm currently resid  | ingin                           | 9. MARITAL S                        | TATUS                | 10. I AF                                | M SEPARATE       | D FRO           | M MY DEI  | PENDEN            | TS (X one                      | )                     |  |
| Diag/ Kill culterity resid   | mg m                            |                                     |                      |   | . VOLUNTARILY    |                 |   |                   | b. INVOLUN                     |                       |  |
| . I REQUEST HOUSING FOR (X one   | ar .                            |                                     |                      |   |                  | RY CA           | REER INF  |                   |                                | ins skip to Item 15.) |  |
|  | ND DEPENDENT:                   |                                     |                      |   | TES (Enter in YY |                 |   |                   | APPLICAN                       |                       |  |
| . INSTALLATION/ORGANIZATION  |                                 |                                     |                      |   | CTIVE RANK/RATE  |                 |   |                   |                                |                       |  |
|  |                                 |                                     |                      |   | E DUTY SERVICE   |                 | TATION  |                   |                                |                       |  |
|  |                                 |                                     |                      |   | REMAINING ON A   |                 |   |                   |                                |                       |  |
| . INSTALLATION/ORGANIZATION  | TRANSFER                        | RED TO                              |                      |   | CTIVE CHANGE IN  |                 |   |                   |                                |                       |  |
|  |                                 |                                     |                      | -                                       | RT DATE          |                 |   |                   |                                |                       |  |
|  |                                 |                                     |                      | _                                       | ATED FAMILY ARI  | PRIVAL DA       | TE  |                   |                                |                       |  |
| ECTION III - DEPENDENT DATA  |                                 |                                     |                      | 1. 20111                                | , neb () me ()   |                 |   | _                 |                                | 1                     |  |
| . DEPENDENTS RESIDING WITH   | ME /// more sos                 | ce is needed, continue              | on niain nane        | ar I                                    |                  |                 |   |                   |                                |                       |  |
|  | In more spo                     | b. DATE OF BIRTH                    |                      |   |                  |                 | EMADICS 415   | nations 5         | alth neoble                    | , expected additions  |  |
| a. NAME (Last, First, Middle Initial)  D. DATE OF BIRTH (YYMMDD)  C  |                                 |                                     | c. SEX               | d. Ri                                   | ELATIONSHIP      | e. K            | EMAKNO (Ma  |                   | вівт ргослетів<br>піїу, етс. J | , expected additions  |  |
|  |                                 |                                     |                      |   | _                |                 | 1000  |                   |                                |                       |  |
|  |                                 |                                     |                      |   |                  | _               |   |                   |                                |                       |  |
|  |                                 |                                     |                      | -                                       |                  | -               |   |                   |                                |                       |  |
|  |                                 |                                     | -                    | -                                       |                  | +               |   |                   |                                |                       |  |
|  |                                 |                                     |                      |   |                  | -               |   |                   |                                |                       |  |
|  |                                 |                                     |                      |   |                  |                 |   |                   |                                |                       |  |
| ECTION IV - HOUSING DATA   |                                 |                                     |                      |   |                  |                 |   |                   |                                |                       |  |
| . COMMUNITY HOUSING DESIRE   | D (X as applicab                |                                     |                      |   |                  |                 |   |                   |                                |                       |  |
| a. PURCHASE HOUSE  |                                 | d. RENT HOUSE                       |                      |   |                  | BILE HOME SPACE |   | j. ROOM AND BOARD |                                | ND BOARD              |  |
| b. PURCHASE CONDOMINIUM  |                                 | e. RENT APARTME                     |                      | h. SHARE                                |                  |                 | k SUBLET  |                   |                                |                       |  |
| c. PURCHASE MOBILE HOME  |                                 | f. RENT MOBILE HO                   | ME                   | i. RENT ROOM                            |                  |                 | I. TRANSIENT  |                   |                                |                       |  |
| . AMENITIES DESIRED (X as applicas   | ble. Write number               |                                     |                      | 18. DATE HOUSING NEEDED                 |                  | ED              | 19. PRICE RANGE (Community Housing)                       |                   |                                |                       |  |
| a. FURNISHED   |                                 | e. NO. BATHS                        |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |                 | 9   |                   |                                |                       |  |
| b. UNFURNISHED   |                                 | f. PETS (Allowed)                   |                      |   |                  |                 |   | nmunity Housing)  |                                |                       |  |
| c. AIR CONDITIONING  |                                 | g. OTHER (Explain)                  |                      | 20. LO                                  | CATION PRE       | FEREN           | ICE (Commi  |                   |                                |                       |  |
| d. NO. BEDROOMS  |                                 |                                     |                      |   |                  |                 |   |                   |                                |                       |  |
| Email A  | <mark>Addr</mark>               | ess                                 | <u></u>              |   |                  |                 |   |                   | ATE SUBI                       |                       |  |
| ECTION V - DISPOSITION (To be co   | ompleted by th                  | e Housing Office.                   | )                    |   |                  |                 |   |                   |                                |                       |  |
| I. MILITARY HOUSING  | T                               |                                     |                      | La DOZO                                 | DM 1747 DDANIES  | -0              |   | 1 4 100           | HEIRIG AVA                     | A BILITY (Bayer       |  |
| APPLICATION RECEIVED (YYMMOD and time)   |                                 | b. APPLICATION EFFECTIVE (YYMMDD)   |                      | c. DO FORM 1747 PROVIDED<br>(YYMMDD)    |                  |                 | HOUSING AVAILABILITY (Boxes<br>indicated on DO Form 1747) |                   |                                |                       |  |
| APPLICANT PLACED ON WAITING LIST   | f. EFFECTIVE PLACEMENT (YYMMOD) |                                     |                      | g. BEDROOMS REQUIRED                    |                  |                 | h. DATE UNIT ASSIGNED (YYMMOD)                            |                   |                                |                       |  |
| ECTION VI - HOUSING REFERRAL   |                                 |                                     |                      |   |                  |                 |   |                   |                                |                       |  |
| On this date I have received a<br>proved by the Installation Common<br>operty on the restricted list. I he<br>provided by the Housing Office | nander, and<br>ave been bri     | I will not resid<br>efed on (1) the | e in any<br>services | reason<br>notify t                      |                  | am be           | ing disci   |                   | d agains                       | t, I will promp       |  |
| pportunity for military personrondiscrimination based on physica   | nel in off-b                    | ase housing,                        |                      | 25. 510                                 | SNA LUKE UP      | APPLI           | CANI  |                   | 26.                            | (YYMMDD)              |  |

# Completed DD Form 1746

| APPLICATION FOR ASSIGNMENT TO HOUSING  |  |                                  |                                     |                | 1. TYPE SERVICE DESIRED (X one or both) |                                   |                           |  |  |
|--|--|----------------------------------|-------------------------------------|----------------|---|-----------------------------------|---------------------------|--|--|
| The second secon | (Before completing form, read Privacy Act Statement and Instructions on reverse) |                                  |                                     |                |   |                                   | b. HOUSING                |  |  |
| SECTION I - APPLICANT INFORMATION  |  |                                  |                                     |                |   |                                   |                           |  |  |
| 2. NAME OF SPONSOR (Last, First, Middle Initial)   | 3. PAY GRADE   |                                  | 4. SSN                              | 5              | . DOD COM                               | IPONENT                           |                           |  |  |
| 6. ADDRESS (Street, City, State, Zip Code)   | 7. TELEPHONE NUMBER  |                                  |                                     | 8. STA         | TUS OF API                              | PLICANT (X                        | (one)                     |  |  |
|  | a. HOME (Area Co.  | de)                              | b. DUTY (DSN)                       | а              | MILITARY MEN                            | MBER                              | c. CIVILIAN               |  |  |
| Name of Hotel, Ship or Bldg/Rm   |  |                                  |                                     | b              | MILITARY SPO                            | DUSE                              | d. FOREIGN NATIONAL       |  |  |
| currently residing in  | 9. MARITAL S   | TATUS                            | 10. I AM SEPARA                     | TED FROM       | MY DEPEND                               | DENTS (X on                       | 0)                        |  |  |
| currently residing in  |  |                                  | a. VOLUNTAR                         | LY             |   | b. INVOLU                         | NTARILY                   |  |  |
| 11. I REQUEST HOUSING FOR (X one)  |  |                                  | SECTION II - MILI                   | TARY CARE      | ER INFORM                               | IATION (Civil                     | ians skip to Item 15.)    |  |  |
| a. SELF ONLY b. SELF AND DEPENDENT   | rs   |                                  | 14. DATES (Enter in                 | 1 YYMMDD order | ) MILIT                                 | ARY APPLICAN                      | NT MILITARY SPOUSE        |  |  |
| 12. INSTALLATION/ORGANIZATION TRANSFER   | RRED FROM  |                                  | a. EFFECTIVE RANK/RATE DATE         |                |   |                                   |                           |  |  |
|  |  |                                  | b. ACTIVE DUTY SERVICE COMPUTATION  |                | TON                                     |                                   |                           |  |  |
|  |  | c. TIME REMAINING ON ACTIVE DUTY |                                     |                |   |                                   |                           |  |  |
| 13. INSTALLATION/ORGANIZATION TRANSFER   | RRED TO  |                                  | d. EFFECTIVE CHANGE IN DUTY STATION |                |   |                                   |                           |  |  |
|  |  |                                  | e. REPORT DATE                      |                |   |                                   |                           |  |  |
|  |  |                                  | f. EST IMATED FAMILY                | ARRIVAL DATE   |   |                                   |                           |  |  |
| SECTION III - DEPENDENT DATA   |  |                                  | •                                   |                | •                                       |                                   |                           |  |  |
| 15. DEPENDENTS RESIDING WITH ME (If more sp  | ace is needed, continue i  | on plain pape                    | er.)                                |                |   |                                   |                           |  |  |
| a. NAME (Last, First, Middle Initial)  | b. DATE OF BIRTH<br>(YYMMDD)   | c. SEX                           | d. RELATIONSHIP                     | e. REM         | ARKS (Handicap                          | , health problem<br>family, etc.) | ns, expected additions to |  |  |
|  |  |                                  |                                     |                |   |                                   |                           |  |  |
|  |  |                                  |                                     |                |   |                                   |                           |  |  |
|  |  |                                  |                                     |                |   |                                   |                           |  |  |
|  |  |                                  |                                     |                |   |                                   |                           |  |  |
|  |  |                                  |                                     |                |   |                                   |                           |  |  |

NOTE: IF YOU HAVE SUBMITTED THIS FORM VIA HEAT, YOU MAY INDICATE "HEAT APP" IN THE REMARKS SECTION AND UPDATE YOUR CURRENT ADDRESS, CONTACT NUMBER AND EMAIL INFORMATION PRIOR TO SUBMITTING PACKET.

## Family Housing Areas

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❖Harbor View/ Bay View (2 Bedrooms Units)❖E1 – E6
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- North Tipalao (3 and 4 Bedrooms Units)Enlisted and Officers
- Lockwood Terrace (3 and 4 Bedrooms Units)Enlisted and Officers
- ❖Apra View (3 and 4 Bedroom Units)❖E8 and Above
- Once accepted, Government Housing is permanent with a minimum occupancy of one year.
- Service members interested in relocating off base may request through the HRP process provided they have at least one year remaining on PCS tour.
- Occupancy percentage will be based on the date request is sumitted.
- For any loss keys, residents are to expected to be charged \$300-\$500 dollars depending on unit size.
- For any damages to the property, outside normal wear and tear that is not listed on your discrepancy form, you will be held liable and charged based on the damage.

# Waiting Lists Timeline (In Months)

| BEDROOM<br>CATEGORY | E1-E6  | <b>E</b> 7 | E8 – O6 |
|---------------------|--------|------------|---------|
| 2 BEDROOMS          | 2-3    | N/A        | N/A     |
| 3 BEDROOMS          | 1 – 2  | 1 – 2      | 1 – 2   |
| 4 BEDROOMS          | 6 – 12 | 6 – 12     | 6 - 12  |

## WHAT IS A SEQUENTIAL WAITING LIST?

- ❖Applicants will be placed on their appropriate waiting list by bedroom
- ❖To protect PII, applicants will be assigned a sequential number for identification purposes only
- ❖Applicant's position on the waiting list is determined by control date

#### WHAT IS A CONTROL DATE?

- ❖ Detachment date from previous Permanent Duty Station (PDS), if application is submitted within 30 days of report date or the date of receipt of the application by the Housing Service Center (HSC) if application is not submitted within 30 days of the reporting date
- ❖Homeported Ships → Personnel attached to ships conducting a Change of Homeport to Guam: Date of promulgation on the CNO message for Change of Homeport Certificates; Not applicable to Guam based submarine tenders
- ❖New Military Personnel → No earlier than enlistment or entry into Navy

#### POTENTIAL WAITLIST FLUCTUATIONS?

❖Your position number on the waiting list may fluctuate when an applicant with an earlier control date arrives on island and is merged into the waiting list or when a Key and Essential personnel arrive on the island and placed at the top of the waiting list as a "Priority 1".

## WHAT IS A SEQUENTIAL WAITING LIST?

- ❖ To protect sensitive information, customers will be provided an identification (ID) tracker number sequenced by bedroom entitlement; 2 bedroom = 2000 series, 3 bedroom = 3000 series, 4 bedroom = 4000 series. This ID tracker is for customers to check their position on the waitlist until an assignment is made, and does not determine position on the waitlist.
- ❖ To ensure process transparency, the Family Housing Office shall routinely update a housing waitlist on a weekly basis.
- ❖ The Family Housing Sequential Waitlist will be posted on the Bulletin Board Located at the Quarterdeck as you enter building 3190. Customers may also contact the Housing Service Center directly for status by providing their tracker ID.
- \* FREEZE ZONE: Freeze zone is the top ten percent of a waitlist and will not be altered by new arrivals regardless of rank or position. (with the exception of Key & Essential Personnel) When, as determined by the Housing Director, it is anticipated that assignment is scheduled to occur within 14 days the Housing Director may extend the freeze zone beyond the top 10 percent to include such personnel.
- \* DEFERMENTS: Applicants placed in a deferred status for such reasons as civilian lease commitments, deployment, family not in the area, and etc., will be placed on the inactive list. Upon completing all required documents the applicant will be re-activated on the waiting list and placed below the freeze zone.

| 0/13/202 |
|----------|
|          |
|          |
|          |

|                    |                    | COL            | JNTER COPY OF | WAITING LIST    |                    |           |
|--------------------|--------------------|----------------|---------------|-----------------|--------------------|-----------|
| WAITLISTS          |                    |                |               |                 | *DE                | FERRED    |
| PRIORITY<br>NUMBER | POSITION<br>NUMBER | FREEZE<br>ZONE | DEFER<br>DATE | CONTROL<br>DATE | SEQUENCE<br>NUMBER | 147       |
|                    |                    |                | ENLISTED      | (2)             |                    |           |
| 2                  | 1                  | Y              |               | 05/24/2022      | 2084               |           |
| 2                  | 2                  | Y              |               | 06/06/2022      | 2091               |           |
| 2                  | 3                  | Y              |               | 06/07/2022      | 2086               |           |
| 2                  | 4                  | Y              |               | 06/10/2022      | 2090               |           |
| 2                  | 5                  | N              |               | 06/10/2022      | 2093               |           |
| 2                  | 6                  | N              |               | 06/20/2022      | 2094               |           |
| 2                  | 16                 | N              | 08/18/2022    | 07/08/2022      | 2092               |           |
|                    | - 12               | COL            | JNTER COPY OF | WAITING LIST    |                    | 7)        |
| WAITLISTS          |                    |                |               |                 |                    | *DEFERRED |
| PRIORITY<br>NUMBER | POSITION<br>NUMBER | FREEZE<br>ZONE | DEFER<br>DATE | CONTROL         | SEQUENCE<br>NUMBER |           |
|                    |                    | - N            | ENLISTED/OFF  | ICER (3)        | 1                  | **        |
| 2                  | 1                  | Y              |               | 06/10/2022      | 3113               |           |
| 2                  | 2                  | Y:             |               | 06/10/2022      | 3104               |           |
| 2                  | 3                  | Ÿ              |               | 03/31/2022      | 4059               |           |

COLINITED CODY OF WAITING LICE

#### REMARKS-

FREEZE ZONE: Freeze zone is the top ten percent of a waitlist and will not be altered by new arrivals regardless of rank or position.

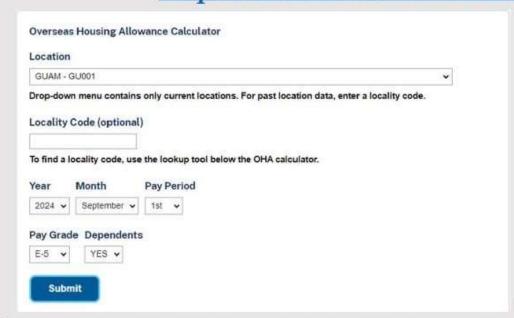
When, as determined by the Housing Director, it is anticipated that assignment is scheduled to occur within 14 days the Housing Director may extend the freeze zone beyond the top 10 percent to include such personnel.

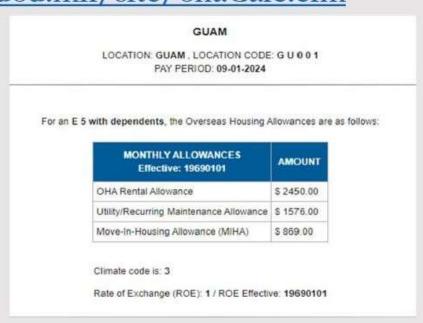
DEFERMENTS: Applicants placed in a deferred status for such reasons as civilian lease commitments, deployment, family not in the area, and etc., will be placed on the inactive list. Upon completing all required documents the applicant will be re-activated on the waiting list and placed below the freeze zone.

## Required Documents for Off-Base Housing

- **❖**Application (DD form 1746)
- ❖Individual Overseas Housing Allowance (OHA) Report (DD form 2367)
  - Lease Agreement (approved by HSC)
  - Military Clause
  - **♦•OHA** Declaration
  - **❖**Detailed Sales and Rental Listing
- ❖Stamped, checked-in orders
- **❖**Page 2 (Dependency Application / Record of Emergency Data)
- ❖Page 13 (Tour Election; Accompanied/Unaccompanied)
  - with the exception for all USCG service members
- Unaccompanied Housing Check Out Form (If Applicable)
- ❖ Members who are staying in UH must route with UH to obtain coversheet
- **EFFECTIVE 10 January 2024, New Incoming Service Members, E5 & Above (single) will no longer need to route for a cover sheet.**

# OVERSEAS HOUSING ALLOWANCE (OHA) RATES <a href="https://www.defensetravel.dod.mil/site/ohaCalc.cfm">https://www.defensetravel.dod.mil/site/ohaCalc.cfm</a>





- Members will receive a one time Move In Housing Allowance (MIHA) of \$869.
- Members with utilities included in the lease will not receive the Utility/Recurring Maintenance Allowance.
- . If either water or power is included in the lease, member will not receive the full utility allowance.
- \*OHA, MIHA, and Utility/Recurring Maintenance Allowance are subject to change based on OHA survey.
- For more information regarding pay entitlements you are encouraged to contact the command pay and personnel administrator (CPPA).

|   | IN  | DIVIDI   | AL OVE   | RSEAS HOUSE   | NG ALLOWANCE (OHA) REPORT   |  |  |  |  |
|---|---|--|--|---|---|--|--|--|--|
|   |   |  |  |   | nd Instructions on reverse before completion)   |  |  |  |  |
| 1111  |   | A-SE   | RVICE M  | EMBER IDENTIF   | ICATION AND HOUSING INFORMATION   |  |  |  |  |
| NAME (Last, First, Middle I   | nitial)   |  |  |   | 2. RESIDENCE ADDRESS (Street, Apt. No., City, Country)  |  |  |  |  |
| PAY GRADE 4. SOCIAL SECURITY NUMBER   |   |  |  |   | 5. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (************************************  |  |  |  |  |
| 6. DUTY STATION OR HOM  | EPORT   |  |  |   | 7. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (Select  |  |  |  |  |
| a. DUTY STATION NAME  | LION  |  |  |   | appropriate box) (See Instructions on reverse side if you pay rent 3 or more months in advance.)  |  |  |  |  |
| b, CITY   |   |  |  |   | a. LOCAL CURRENCY, Name of Currency:  b. US. DOLLARS  |  |  |  |  |
| c. COUNTRY  |   | d DUT  | TELEPHO  | ONE NO.   | <ul> <li>8. IS YOUR RESIDENCE LEASED OR OWNED? (Select appropriate box)<br/>ENTER THE MONTHLY RENT AMOUNT OR PURCHASE PRICE IN TI<br/>CURRENCY SELECTED ABOVE.</li> </ul>   |  |  |  |  |
| 9. ARE YOU ENTITLED TO A  |   |  |  |   |   |  |  |  |  |
| OR OVERSEAS HOUSING<br>ELSEWHERE? (Select on  |   | ANCE FO  | OR DEPEN   | DENTS RESIDING  | Rent amount:  |  |  |  |  |
|   | *   |  |  |   | b. OWNED  |  |  |  |  |
| YES (Specify location)  |   |  |  |   | Purchase price /excluding closing costs, taxes, etc.):  |  |  |  |  |
| NO OR NOT APPLICABLE  | E   |  |  |   |   |  |  |  |  |
|   |   |  |  |   | 0 AND GO DIRECTY TO QUESTION 11   |  |  |  |  |
| 10. UTILITIES (Excluding tele   |   |  |  |   | 11. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING  |  |  |  |  |
| a. I SEPARATELY PAY F<br>RENTAL/LEASE AGR   | EEMENT  | WITHLA   | NDLORD.  |   | 11. TO DETERBINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, SELECT THE APPROPRIATE BOX FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE FOR EACH CATEGORY OF USELECT, ENTER THE NUMBER OF THE STATE OF THE TOTAL IT HE BOX AT RIGHT, THEN RECORD THE TOTAL IT HE BOX AT THE BOTTOM, (NOTE to not count dependents unless |  |  |  |  |
| b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE ACREEMENT AND PAID BY LANDLORD.  |   |  |  |   | covered by category c.)   |  |  |  |  |
| c. I SEPARATELY PAY F   | OR SOME   | UTILITI  | ES (exclud   | ing telephone) AND  | a. MYSELF  a. MYSELF  b. SPOUSE WHO IS ALSO A SERVICE MEMBER (Enter "1")  c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CYVIAN BUPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)  |  |  |  |  |
| c. I SEPARATELY PAY F<br>SOME ARE INCLUDE<br>LANDLORD. (Complet<br>of which your landlord   | D IN REN<br>le items (1<br>provides t                               | TAL/LEA<br>) - (5) be<br>ne MAJO                                   | SE AGREE<br>low indicati<br>IRITY.)                          | MENT WITH<br>ng utilities/services                                  |   |  |  |  |  |
| (1) ELECTRICITY   |   |  |  |   | d. OTHER SERVICE MEMBERS ENTITLED TO A HOUSING  |  |  |  |  |
| (2) HEATING (3) AIR CONDITION   | NO /0-1   | 17.5   |  |   | ALLOWANCE (Enter number)  |  |  |  |  |
| (3) AIR CONDITION landlord provides  (4) WATER OR SEW   | electricity.  |  | w unes are   | used and the  | EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, ANDIOR UTILITIES (Enter number)   |  |  |  |  |
| (4) WATER OR SEW  |   | H  |  |   | TOTAL (11a through 11e) (If result exceeds "1", you are considered a "sharer".)   |  |  |  |  |
|   | MARKED  | ), REPO  | RT THEIR I   | FULL NAME(S), SC  | CIAL (13 mroups 11e) (Irresun exceeds 11, you are considered a "sharer")  CIAL SECURITY NUMBER(S) AND BRANCH OF SERVICE IN PART C   |  |  |  |  |
|   |   |  |  | PART B - CE   | RTIFICATIONS  |  |  |  |  |
| 13. SERVICEMEMBER I CEI a. THE INFORMATION I HAV b. I WILL IMMEDIATELY INFO CHANGES OCCUR TO TO COPY OF MY HOUSING L CERTIFICATION FROM L APPLICABLE. d. PHOVIDED BY MY COMM IF APPLICABLE. | E REPOR<br>DRM MY (<br>HE INFORI<br>EASE/REI<br>ANDLORD<br>DEAS HOU | TED IS T<br>COMMAN<br>MATION I<br>NTALISA<br>I) IS TRU<br>ISING AL | DING OFFI<br>I HAVE REF<br>LE AGREET<br>E AND COR<br>LOWANCE | ICER IF ANY<br>PORTED.<br>MENT (OR<br>RRECT, IF<br>E BRIEFING SHEET | 14. HOUSING OFFICER OR APPROPRIATE OFFICIAL. I HAVE REVIEW AND VERRIED THE MEMBER'S LEASERENTAL SALE AGREEMED AND INFORMATION FROM IT WAS PROPERLY REPORTED.  3. MIHAMISCELLANEOUS PAYMENT AUTHORIZED? (Select one)  1 (1) YES   (2) NO  IF YES, ENTITLEMENT IS: (a) INITIAL (b) SUBSEQUE D. SIGNATURE  C DATE SIGN (YYYYMM)                |  |  |  |  |
| e. SIGNATURE  |   |  |  | f. DATE SIGNED  |   |  |  |  |  |
| (YYYYARD)   |   |  |  |   | d. TITLE  |  |  |  |  |
| 15. CERTIFYING OFFICIAL.<br>AWARE OF HIS/HER EN   |   |  |  |   | THE ENTITLEMENT. IF APPLICABLE TO THIS ACTION, MEMBER IS RT ANY CHANGES.  |  |  |  |  |
| a. HOUSING ALLOWANCE A  |   |  |  |   | b. MIHA/MISCELLANEOUS ENTITLEMENT (Select one)  |  |  |  |  |
| (1) START   | (3) STOP  |  |  | CANCEL*   | (1) INITIAL (2) SUBSEQUENT (3) NONE   |  |  |  |  |
| (2) CHANGE  | (4) COR   | ECT  |  | REPORT*   | c. EFFECTIVE DATE OF ACTION (YYYYMMIDD)   |  |  |  |  |
| A DOES MEMBER HAVE OF   | CHAMMAC   | SPONS  | THOR AIR   | FORCE USE ONLY  | Y A OF PERMANENT DUTY STATION? (1) YES (2) NO   |  |  |  |  |
|   |   | ~ 0149   | - HU DEF   | - TOURS IN ARC  | g. DATE SIGNED  |  |  |  |  |

# Completed DD Form 2367

# COMMAND PAY AND PERSONNEL ADMINSTRATOR (CPPA)

- \* TLA: 1st through Final Claim
- **❖** Assignment Letter
- ❖ OHA: New, Relocation, Recertification (i.e., change of status, lease expiration, rental amount increase/decrease, change of command)
- ❖ It is the service member's responsibility to process all documents with CPPA by obtaining a copy from the Housing office for submission
- ❖ For record purposes, housing will require a signature or email confirmation for all received/returned documents
- \*Coast Guard Members documents (TLA, OHA, Assignment Letter) are sent by Housing to command admin distro email for processing and member's will be included on email when sent.

## Loaner Furniture

- ❖ Loaner furniture is available for 90 days or until HHG arrive on island
- Available only to those awaiting household goods shipment
- All items can be delivered, set-up, and picked up at no cost

#### RENTAL PARTNERSHIP PROGRAM (RPP)

- ❖ The RPP offers real cost savings to Service members living in the community. The RPP homes that are available have already been screened and inspected by the local Navy Housing Service Center (HSC).
- The program guarantees Service member(s) reduced rates and reduced or no security deposit and administrative fees.

## **Housing Websites**

### www.homes.mil

- The properties listed have been inspected, approved by Navy Housing, and are move-in ready.
- This applies only to those unaccompanied or who fall into the "above 90% category".
- ❖ If interested in a home on homes.mil, provide the Housing Service Center with a Listing ID # for the property via phone at 671-333-2081/2/3 or the email address below:

Guam Housing@us.navy.mil

#### GUAM ASSOCIATION OF REALTORS (G.A.R.)

- For any information on how to get in contact with a licensed realtor, you may log on to the Guam Association of Realtors website below:
- https://guamrealtors.com

#### **CNIC Navy Housing Website**

- ❖ For more information on other Housing related services you may log onto the CNIC Housing Website:
- https://ffr.cnic.navy.mil/Navy-Housing/Housing-By-Region/Joint-Region-Marianas/NAVBASE-Guam/

## IMPORTANCE OF A SPECIAL POWER OF ATTORNEY



If your family is on the waiting list for government housing when you deploy, notify the installation housing office before your deployment. If you give your spouse power of attorney — and give a copy to the installation housing office — before your deployment, your spouse and children may be able to accept and move into government housing. Providing a Special Power of Attorney to your spouse, parent, or trusted friend can help ensure he or she can address whatever needs to be done on your behalf while you are away. For more information, visit your local legal assistance office or create your own power of attorney using the link below:

http://www.jag.navy.mil/legal\_services/SPOA.htm

Region Legal Service Office Western Pacific Branch Office Guam

PSC 455, Box 177, FPO AP 96540

COMM: 671-333-2061

DSN: 315-333-2061