

FAMILY HOUSING SERVICE CENTER (HSC)

Naval Base Guam, Building 3190
Telephone: (671) 333-2081/82/83

Office Hours: Monday thru Wednesday & Friday 0730 – 1630
Thursday 0730-1430

Closed on Weekends and Federal Holidays

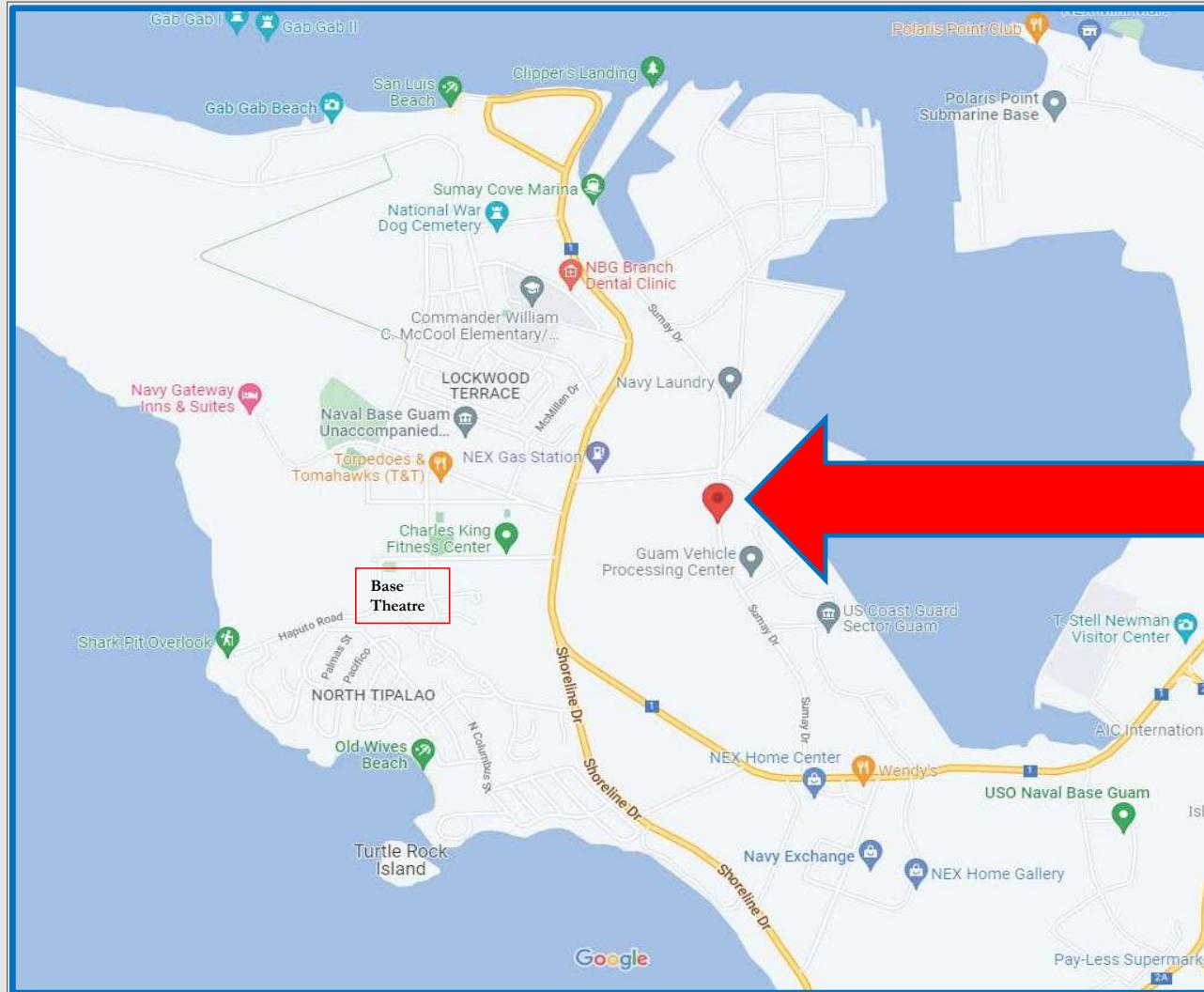
QUESTIONS/APPOINTMENTS/SCHEDULING

For questions, appointments, and/or scheduling, use the email listed below:

Guam_housing@us.navy.mil

HOUSING WEBSITE: A copy of the Housing Brief Slide is posted on the housing website: link provided below:

<https://ffr.cnic.navy.mil/Navy-Housing/Housing-By-Region/Joint-Region-Marianas/NAVBASE-Guam/>



**The Family Housing
Office is located in the
CO's Headquarters at**

Building 3190

**3190 Sumay Dr, Santa
Rita, Guam**

**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 – O6 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%.

90% OR LESS

ADDED TO WAITING LIST

OFFERED
CONTACT WAS MADE TO ALERT SERVICE MEMBER OF AVAILABLE UNITS FOR VIEWING

48 HRS TO SELECT/ACCEPT

UP TO 3 BUSINESS DAYS TO MOVE IN (TLA STOPS NOT LATER THAN 3 BUSINESS DAYS AFTER ACCEPTANCE.)

DECLINING MANDATORY ASSIGNMENT TO MFH BY EITHER FAILING TO SELECT A UNIT WHEN TWO OR MORE VALID MFH UNITS ARE OFFERED, OR BY DECLINING A SECOND VALID MFH UNIT OFFERED WILL RESULT IN LOSS OF ELIGIBILITY TO RECEIVE OVERSEAS HOUSING ALLOWANCE (OHA) AND MOVE IN-HOUSING ALLOWANCE (MIHA) ENTITLEMENTS FOR OFF BASE FOR THE DURATION OF THEIR TOUR. TLA TERMINATES ON DATE MANDATORY ASSIGNMENT IS DECLINED

ABOVE 90%

3 BUSINESS DAYS TO CHOOSE OHA OR MFH

OHA

THE MEMBER'S DECISION TO SEEK OFF BASE HOUSING IS IRREVOCABLE AND THE MEMBER WILL NOT BE SUBJECT TO MANDATORY MFH ASSIGNMENT FOR THE REMAINDER OF THEIR TOUR ON GUAM

MFH

ADDED TO WAIT LIST

NO AVAILABILITY

WAIT ON TLA (UP TO 60 DAYS)

OPTIONS:

MONTH TO MONTH LISTING WILL BE PROVIDED BY HSC ALONG WITH LISTING OF VALIDATED HOMES (HOMES.MIL)

MUST ACCEPT THE NEXT AVAILABLE OFFER, IF DECLINED THEY WILL BE REMOVED FROM ALL WAITLIST AND CONTINUE TO RECEIVE OHA FOR THE DURATION OF THEIR TOUR.

DEGRADE TO FEWER BEDROOM

MUST MEET FAMILY COMPOSITION CRITERIA SAMPLE VIEWING WILL BE GRANTED. IF UNIT IS ACCEPTED, RELOCATION IS NOT ALLOWED UNLESS THERE IS AN INCREASE IN FAMILY SIZE

OCCUPANCY % BY BEDROOM CATEGORY AS OF 01/06/2026

| | |
|--|-------------|
| 2 Bedroom | 99% |
| 3 Bedroom | 96% |
| 4 Bedroom E7 or Below | 100% |
| 4 Bedroom E8 or Above | 100% |

NOTE: 2 bedroom qualifiers: 2 Dependents (E1-E6)

3 bedroom qualifiers: 3 Dependents or E7 & Above

4 bedroom qualifiers: 4 Dependents or O6 & Above

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

ELIGIBILITY

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 RECEIPTS MUST BE PAID AND
ITEMIZED UPON SUBMITTING

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 AND
UNACCOMPANIED
MEMBERS ATTACHED
TO AS 39 (USS EMORY S
LAND) OR AS 40 (USS
FRANKCABLE)
TO INCLUDE SERVICE
MEMBERS WHO ARE
HERE AS A
GEOGRAPHIC
BACHELOR 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)

TLA PROCESS

ELIGIBILITY

AUTHORIZED

EFFECTIVE 23 JULY 2025, ALL INCOMING UNACCOMPANIED SUBMARINE SAILORS PAID E-5 & ABOVE IN A PCS STATUS WHO ARE ACTIVELY SEEKING PERMANENT HOUSING ARE ELIGIBLE TO RECEIVE TLA

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 7200.1C
8 oct 20

| ARRIVAL / DEPARTURE TEMPORARY LODGING ALLOWANCE (TLA) BRIEFING AND ACKNOWLEDGEMENT | |
|---|--|
| ARRIVAL TLA: | |
| <p>1) TLA may be authorized when the TLA 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 station (PDS).</p> <p>2) Newly arriving members and/or dependents are required to check into the Housing Service Center (HSC) within the first working day after arrival.</p> <p>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 "travel availability" from the Navy Gateways Inns and Suites (NGIS) prior to making reservations with a FEMA approved Hotel accommodations.</p> <p>4) Members must have TLA eligibility verified by the Housing Office upon check-in and every 10 days thereafter, before TLA payments are processed by the military pay offices.</p> <p>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 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 housing station or preferred geographic location is refused.</p> <p>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 Housing Office.</p> | |
| <p>DEPARTURE TLA:</p> <p>1) 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.</p> <p>2) 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.</p> <p>3) 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 reimbursement.</p> <p>4) In the event that transient quarters/accommodations are available, members 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 the private sector.</p> | |
| <p>ACKNOWLEDGEMENT:</p> <p>I _____ acknowledge that I have read and understand my TLA eligibility as it applies to my arrival and departure from Guam. (Full Name, Rate/Rank, Date)</p> | |

JTREGMARIANAS 7200/2 (09-20)

Enclosure (4)

TLA Briefing Sheet

PERSUPPDET GUAM
ARRIVAL TEMPORARY LODGING ALLOWANCE (TLA) BRIEFING SHEET

Name: _____ Rank/Rate: _____
Command: _____ UIC: _____ Work Phone: _____

TLA START DATE: _____ With Dependents: Yes _____ No _____
Max Lodging: _____ Max Meals: _____ Max Daily Rate: _____

I have been briefed and understand the provisions regarding entitlements to Temporary Lodging Allowance (TLA) and understand that: (PLEASE INITIAL EACH ITEM)

_____ TLA is provided to partially reimburse a member for the more than normal expenses incurred while occupying temporary lodging upon reporting at the new OCONUS permanent duty station (PDS).

_____ Arrival TLA is paid in 10-day increments up to a maximum of 60 days computed from the member's date of reporting at the new OCONUS PDS. Reporting date is based on the gaining command's stamped reporting date and time endorsement on the member's PCS orders.

_____ A member receiving TLA who is ordered on TDY after arrival at the new PDS, or who is ordered on deployment from the homeport of the ship may continue to receive TLA on the member's behalf when, because of the member's military assignment, the temporary quarters must be retained at the new PDS or homeport. A CO's certification, stating that retaining the TLA quarters was because of military necessity and not because of the member's personal choice/convenience, must be submitted with the claim. The member's share of the lodging cost is included as a TLA expense.

_____ When a member arrives at an OCONUS PDS before a command-sponsored dependent, TLA may be authorized if TLA authority determines that it is necessary that the member occupy temporary lodging at personal expense. Upon dependent's arrival (within the initial 60-day period), TLA may be authorized for member and/or dependent for the period that required use of temporary lodging.

_____ When the command-sponsored dependent arrives at or in the OCONUS PDS in advance of a member following Secretarial authorization for/approval of advance dependent travel, the dependent's TLA start date is the day of arrival.

_____ When a member receiving TLA is hospitalized after arrival at the new OCONUS PDS, the member may continue to receive TLA on the member's behalf. When, despite hospitalization, TLA quarters must be retained at the new PDS, the member's share of temporary lodging cost is included as a TLA expense. A CO's certification, stating that retaining the TLA quarters was because of military necessity and not because of the member's personal choice/convenience, must be submitted with the claim.

_____ A member who had no dependent on arrival but who acquires a dependent after arrival is not eligible for TLA for the acquired dependent because the member was without dependent on the effective date of the PCS orders.

_____ TLA may be paid for any day a member is on leave in the PDS vicinity, after reporting for duty, while seeking private sector housing or awaiting Government quarters assignment.

_____ TLA is not payable for any day a member is on leave away from the PDS vicinity, unless one or more dependents remain(s) in the PDS vicinity to continue to seek private sector housing or while awaiting Government quarters assignment. The number of dependents who continue to occupy temporary lodging determines the rate payable.

_____ Unless TLA is terminated sooner for reasons as determined by the TLA Authority, TLA upon initial arrival stops on the day before the day a member occupies permanent Government quarters or private sector housing.

_____ Lodging receipts must be submitted to the Housing office to be reviewed and then forwarded to PSD with the claim. _____ Only lodging receipts issued directly by a TLA approved lodging/Hotel facility and itemized to show the actual daily lodging cost and tax associated with the cost. Third party receipts (i.e. receipts issued by a booking agency) are not acceptable. Any altered/tampered receipts will be disallowed and the entire claim will be denied and reported as fraudulent. Fraudulent claims will be referred to the proper authorities for investigation and appropriate disciplinary/administrative action.

_____ Depending on DFAS pay processing cutoff dates, TLA payments will be posted in the member's EFT account on the scheduled payday following the date the TLA document input is posted to the member's Master Military Pay Account. Upon request, immediate payment may be made.

_____ _____ _____

Member signature _____ Date _____

Housing Referral Record (HRR)

JTREGMARIANASINST 7200.1C
8 Oct 20

| HOUSING REFERRAL RECORD | | | |
|---|--|--|-------------------------|
| NAME | RANK | DOD ID # | DATE |
| ARRIVAL DATE OF MEMBER | NUMBER OF DEPS | PROJECTION FOR GOV T QUARTERS | |
| | | <input type="checkbox"/> WITHIN 30 DAYS OF ARRIVAL <input type="checkbox"/> BEYOND 30 DAYS OF ARRIVAL | |
| ARRIVAL DATE OF DEPS | BURM REQUIREMENTS | ELECTED TO SECURE PRIVATE COMMUNITY HOUSING | |
| | | <input type="checkbox"/> WITHIN 60 DAYS OF ARRIVAL | |
| TLA COMMENCEMENT DATE | NUMBER OF 10 DAY EXTENSIONS | | |
| | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 - <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | |
| <small>**Extensions beyond 60 days require CCRM approval***</small> <small>To maintain continued eligibility for TLA, effort must be made to obtain housing for your dependents. Failure to (1) register with the Housing Authority, (2) aggressively seek permanent type living accommodations, or (3) register with the Housing Referral Office will be cause for termination of entitlement to TLA. If it becomes necessary to request an extension of TLA, the completeness and accuracy of this form will add in supporting your claim.</small> | | | |
| REAL ESTATE AGENT CONTACTS | | | |
| COMPANY NAME | AGENT | DATE | |
| <small>Follow up information on leads furnished through Housing Files, Realtors and Newspaper Advertisements.</small> | | | |
| ADDRESS | RENT | NO OF BR | REASON OF UNSUITABILITY |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE OF MEMBER | | DATE | |
| <small>IT IS CERTIFIED THAT THE ABOVE NAMED MEMBER COMPLIED WITH FINANCIAL MANAGEMENT REGULATIONS AND JTREGMARIANAS INST 7200.1C IN ACTIVELY SEEKING PERMANENT TYPE QUARTERS.</small> | | | |
| SIGNATURE (HOUSING AUTHORITY) | | DATE | |

JTREGMARIANAS 7200/1 (09-20)

Enclosure (3)

TLA Worksheet: ARMY & MARINES

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

| NAME (Last, First, Mj) | RANK/RATE | |
|--|---------------------------------|---------------|
| COMMAND REPORTING TO/FROM | ACCOMMODATIONS NAME AND ADDRESS | |
| FAMILY MEMBERS ON STATION | | |
| NAME (Last, First, Mj) | RELATIONSHIP | DATE OF BIRTH |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <small>FOR ARRIVAL TLA: DATE MEMBER REPORTED TO PRESENT COMMAND: DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: THIS IS CLAIM NO. 1 MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.</small> | | |
| <small>FOR DEPARTURE TLA: ACTUAL DATE OF DETACHMENT: MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR. MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.</small> | | |
| <small>MEMBER'S STATEMENT: I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT <input type="checkbox"/> AM <input type="checkbox"/> AM NOT IN A PER DIEM STATUS. I UNDERSTAND THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND <input type="checkbox"/> DID <input type="checkbox"/> DID NOT UTILIZE GOVERNMENT MEALS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS <input type="checkbox"/> DO <input type="checkbox"/> NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.</small> | | |
| <small>WARNING: THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).</small> | | |
| <small>PRIVACY ACT STATEMENT: THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.</small> | | |
| <small>1. AUTHORITY: 37 USC 1000 2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA). 3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT. 4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.</small> | | |
| MEMBER SIGNATURE | | DATE |

Privacy Act-1974 as amended applies. This document may contain information which must be protected IAW DOD 5400.11R, and is For Official Use Only.

TLA Worksheet: NAVY

CUI - (when filled in)

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET
NPPSC 7220/5 (Rev. 03-2025) PREVIOUS EDITIONS ARE OBSOLETE
Supporting Directive NPPSCINST 5213.1B

PRIVACY ACT STATEMENT

Authority: 37 USC 1008.
Purpose: To provide information required to legally pay temporary lodging allowance (TLA).
Routine Use: The member provides information on cost and type of lodging which is used to compute entitlement to TLA. Supporting documents are used to determine eligibility and amount of entitlement.
Disclosure: Voluntary. If member does not provide information, TLA cannot be paid.

I. References: Joint Travel Regulations (JTR)

| | | | |
|----------------------------|-------------------|------------|---------|
| 1. Name (Last, First, MI): | 2. Rank/Rate: | 3. DoD ID: | 4. UIC: |
| 5. Command: | 6. Name of Hotel: | | |

7. Type of Travel Select from Drop Down

II. Family Members On Station

| Name (Last, First, MI) | Relationship | Date of Birth |
|------------------------|--------------|---------------|
| + [x] | | |

III. For Arrival TLA:

Date Member Reported to Present Command:
Date Family Member(s) Reported to Present Command:
TLA Authorized Period Dates:
Claim Number (if claim number is greater than 6, custom entry is enabled) Select from Drop Down

Members must present TLA authorization from the housing office and a paid lodging receipt. A family member who is living TLA due to the absence of the sponsor must have a general or special power of attorney specifically stating TLA is authorized for processing.

IV. For Departure TLA:

Actual Date of Detachment:
Actual Date of Housing Termination:
TLA Authorized period Dates
Members living off-base must present a rental release from the Landlord or Realtor. Members living on-base must present a signed statement from the housing office certifying the date government quarters were vacated.

V. Member's Certification Statement (to reduce delays, use drop-down and select the appropriate option):

I have included herein all lodging receipts for TLA. <SELECT ONE>
I certify that I AM in a per diem status.
I certify that I AM NOT in a per diem status. <SELECT ONE>

I understand that if I am in a temporary duty per diem status, only my family members are entitled to TLA. <SELECT ONE>
I further certify that my family member and I DID utilize government mess for any meals during this period.
I further certify that my family members and I DID NOT utilize government mess for any meals during this period. <SELECT ONE>

<SELECT ONE>
My temporary quarters DO contain facilities for preparing and consuming meals.
My temporary quarters DO NOT contain facilities for preparing and consuming meals. <SELECT ONE>

Member Name: Signature: Date:
Housing Representative Name: Signature: Date:
CO or Designated Official with DD-577: Signature: Date:

Reset Form Print Form CUI - (when filled in)

7. Type of Travel Select from Drop Down

II. Family Members On Station

| Name (Last, First, MI) | Relationship | Relationship |
|------------------------|--------------|--------------|
| + [x] | | |

Claim Number (if claim number is greater than 6, custom entry is enabled) Select from Drop Down

Members must present TLA authorization from the housing office and a paid lodging receipt. A family member who is living TLA due to the absence of the sponsor must have a general or special power of attorney specifically stating TLA is authorized for processing.

IV. For Departure TLA:

Actual Date of Detachment: Select from Drop Down

1st
2nd
3rd
4th
5th
6th

V. Member's Certification Statement (to reduce delays, use drop-down and select the appropriate option):

I have included herein all lodging receipts for TLA. <SELECT ONE>
I certify that I AM in a per diem status.
I certify that I AM NOT in a per diem status. <SELECT ONE>

I understand that if I am in a temporary duty per diem status, only my family members are entitled to TLA. <SELECT ONE>
I further certify that my family member and I DID utilize government mess for any meals during this period.
I further certify that my family members and I DID NOT utilize government mess for any meals during this period. <SELECT ONE>

<SELECT ONE>
My temporary quarters DO contain facilities for preparing and consuming meals.
My temporary quarters DO NOT contain facilities for preparing and consuming meals. <SELECT ONE>

Must be completed by the service member via electronic copy and will be provided by the Housing Service Center.

TLA Worksheet: NAVY

CUI - (when filled in)

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET
NPPSC 7220/5 (Rev. 03-2025)

PREVIOUS EDITIONS ARE OBSOLETE
Supporting Directive NPPSCINST 5213.1B

| VII. TLA Checklist | VIII. For Final Payment (additional requirements): |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Member reviewed and signed TLA briefing sheet and NPPSC 7220/5 Temporary Lodging Allowance (TLA) Worksheet<input type="checkbox"/> Received para-lodging receipts<input type="checkbox"/> Received TLA Authorization from housing office (original required for each TLA payment)<input type="checkbox"/> Received certification for non-availability of unaccompanied/single personnel (original required for each TLA payment)<input type="checkbox"/> Received "Active Housing Search Form" from Housing Office (required for 2nd and subsequent TLA payments) | <ul style="list-style-type: none"><input type="checkbox"/> Received Certification of Assignment to Quarters from Housing/Billeting Office or copy of Lease/Rental Agreement.<input type="checkbox"/> Received OHA Certificate signed by Housing Officer and the Member's Commanding Officer; Start OHA<input type="checkbox"/> Start COLA<input type="checkbox"/> Stop BAQ for personnel moving into Quarters (except members on unaccompanied tours)<input type="checkbox"/> Update NAVPERS 1070/602 Dependency Application/Record of Emergency Data (Page 2) |

2nd Page: Admin use only

Reset Form

Print Form

CUI - (when filled in)

Page 2 of 2

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, Army & Marine service members
- ❖ DD1747 (USCG only)
- ❖ Command Sponsored Dependent(s)
- ❖ Flight itinerary for service member and dependent(s)

Completed

DD Form 1746

| APPLICATION FOR ASSIGNMENT TO HOUSING (Before completing form, read Privacy Act Statement and Instructions on reverse) | | | |
|---|--|---|--|
| SECTION I - APPLICANT INFORMATION | | 1. TYPE SERVICE DESIRED (X one or both) | |
| 2. NAME OF SPONSOR (Last, First, Middle Initial) | | a. MILITARY HOUSING b. HOUSING | |
| 3. PAY GRADE | | 4. SSN | |
| 5. DOD COMPONENT | | | |
| 6. ADDRESS (Street, City, State, Zip Code) | | 7. TELEPHONE NUMBER | |
| Name of Hotel, Ship or Bldg/Rm currently residing in | | 8. STATUS OF APPLICANT (X one) | |
| 9. MARITAL STATUS | | 10. I AM SEPARATED FROM MY DEPENDENTS (X one) | |
| a. SELF ONLY b. SELF AND DEPENDENTS | | a. VOLUNTARILY b. INVOLUNTARILY | |
| 11. I REQUEST HOUSING FOR (X one) | | | |
| 12. INSTALLATION/ORGANIZATION TRANSFERRED FROM | | | |
| 13. INSTALLATION/ORGANIZATION TRANSFERRED TO | | | |
| 14. DATES (Enter in YYMMDD order) 15. MILITARY APPLICANT 16. MILITARY SPOUSE | | | |
| a. EFFECTIVE RANK/RATE DATE b. ACTIVE DUTY SERVICE COMPUTATION | | | |
| c. TIME REMAINING ON ACTIVE DUTY | | | |
| 17. AMENITIES DESIRED (X as applicable. Write number in d. and e.) | | | |
| a. FURNISHED b. UNFURNISHED | | c. NO. BATHS d. PETs (Allowed) | |
| e. AIR CONDITIONING | | f. OTHER (Explain) | |
| g. NO. BEDROOMS | | | |
| 21. REMARKS | | | |
| Email Address _____ | | | |
| Sponsor Contact Information | | | |
| Email Address | | | |
| 22. SIGNATURE OF APPLICANT | | 23. DATE SUBMITTED (YYMMDD) | |
| SECTION V - DISPOSITION (To be completed by the Housing Office.) | | | |
| 24. MILITARY HOUSING | | | |
| a. APPLICATION RECEIVED (YYMMDD and time) | | b. APPLICATION EFFECTIVE (YYMMDD) | |
| c. DD FORM 1747 PROVIDED (YYMMDD) | | d. HOUSING AVAILABILITY (Box(es) indicated on DD Form 1747) | |
| e. APPLICANT PLACED ON WAITING LIST | | f. EFFECTIVE PLACEMENT (YYMMDD) | |
| g. BEDROOMS REQUIRED | | h. DATE UNIT ASSIGNED (YYMMDD) | |
| SECTION VI - HOUSING REFERRAL CERTIFICATE | | | |
| <p>On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.</p> | | | |
| <p>In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.</p> | | | |
| 25. SIGNATURE OF APPLICANT | | 26. DATE SIGNED (YYMMDD) | |

DD Form 1746, SEP 93 (EG)

Previous editions may be used.

Designed using Perform Pro, WHS/DIR, Aug 94

| APPLICATION FOR ASSIGNMENT TO HOUSING (Before completing form, read Privacy Act Statement and Instructions on reverse) | | | |
|---|--|---|--|
| SECTION I - APPLICANT INFORMATION | | 1. TYPE SERVICE DESIRED (X one or both) | |
| 2. NAME OF SPONSOR (Last, First, Middle Initial) | | a. MILITARY HOUSING b. HOUSING | |
| 3. PAY GRADE | | 4. SSN | |
| 5. DOD COMPONENT | | | |
| 6. ADDRESS (Street, City, State, Zip Code) | | 7. TELEPHONE NUMBER | |
| Name of Hotel, Ship or Bldg/Rm currently residing in | | 8. STATUS OF APPLICANT (X one) | |
| 9. MARITAL STATUS | | 10. I AM SEPARATED FROM MY DEPENDENTS (X one) | |
| a. SELF ONLY b. SELF AND DEPENDENTS | | a. VOLUNTARILY b. INVOLUNTARILY | |
| 11. I REQUEST HOUSING FOR (X one) | | | |
| 12. INSTALLATION/ORGANIZATION TRANSFERRED FROM | | | |
| 13. INSTALLATION/ORGANIZATION TRANSFERRED TO | | | |
| 14. DATES (Enter in YYMMDD order) 15. MILITARY APPLICANT 16. MILITARY SPOUSE | | | |
| a. EFFECTIVE RANK/RATE DATE b. ACTIVE DUTY SERVICE COMPUTATION | | | |
| c. TIME REMAINING ON ACTIVE DUTY | | | |
| d. EFFECTIVE CHANGE IN DUTY STATION | | | |
| e. REPORT DATE | | | |
| f. ESTIMATED FAMILY ARRIVAL DATE | | | |
| SECTION III - DEPENDENT DATA | | | |
| 15. DEPENDENTS RESIDING WITH ME (If more space is needed, continue on plain paper) | | | |
| a. NAME (Last, First, Middle Initial) | | b. DATE OF BIRTH (YYMMDD) | |
| c. SEX | | d. RELATIONSHIP | |
| e. REMARKS (Handicap, health problems, expected additions to family, etc.) | | | |

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

❖ Harbor View/ Bay View (2 Bedrooms Units)

❖ E1 – E6

❖ 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 submitted.
- 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 CATEGORY | E1 – E6 | E7 | E8 – O6 |
|-----------------------------|----------------|---------------|----------------|
| 2 BEDROOMS | 2 – 3 | N/A | N/A |
| 3 BEDROOMS | 2 – 3 | 2 – 3 | 2 – 3 |
| 4 BEDROOMS | 6 – 12 | 6 – 12 | 6 – 12 |

NOTE: 2 bedroom qualifiers: 2 Dependents (E1-E6)

3 bedroom qualifiers: 3 Dependents or E7 & Above

4 bedroom qualifiers: 4 Dependents or O6 & Above

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.

8/15/2022

| COUNTER COPY OF WAITING LIST | | | | | |
|------------------------------|-----------------|-------------|------------|--------------|-----------------|
| WAITLISTS *DEFERRED | | | | | |
| PRIORITY NUMBER | POSITION NUMBER | FREEZE ZONE | DEFER DATE | CONTROL DATE | SEQUENCE NUMBER |
| 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 | 07/06/2022 | 2092 * |

| COUNTER COPY OF WAITING LIST | | | | | |
|------------------------------|-----------------|-------------|------------|--------------|-----------------|
| WAITLISTS *DEFERRED | | | | | |
| PRIORITY NUMBER | POSITION NUMBER | FREEZE ZONE | DEFER DATE | CONTROL DATE | SEQUENCE NUMBER |
| ENLISTED/OFFICER (3) | | | | | |
| 2 | 1 | Y | | 06/10/2022 | 3113 |
| 2 | 2 | Y | | 06/10/2022 | 3104 |
| 2 | 3 | Y | | 03/31/2022 | 4059 |

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, Army & Marine service members
- ❖ DD1747 (USCG only)
- ❖ 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, Paid E5 & Above (single) will no longer need to route for a cover sheet.

OVERSEAS HOUSING ALLOWANCE (OHA) RATES

<https://www.defensetravel.dod.mil/site/ohaCalc.cfm>

Overseas Housing Allowance Calculator

Location

GUAM - GU001

Drop-down menu contains only current locations. For past location data, enter a locality code.

Locality Code (optional)

To find a locality code, use the lookup tool below the OHA calculator.

Year Month Pay Period

2024 September 1st

Pay Grade Dependents

E-5 YES

Submit

GUAM

LOCATION: GUAM , LOCATION CODE: G U 0 0 1

PAY PERIOD: 09-01-2024

For an E 5 with dependents, the Overseas Housing Allowances are as follows:

| MONTHLY ALLOWANCES | | AMOUNT |
|---|--|------------|
| Effective: 19690101 | | |
| OHA Rental Allowance | | \$ 2450.00 |
| Utility/Recurring Maintenance Allowance | | \$ 1576.00 |
| Move-In-Housing Allowance (MIHA) | | \$ 869.00 |

Climate code is: 3

Rate of Exchange (ROE): 1 / ROE Effective: 19690101

- ❖ 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) .

CUI (when filled in)

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT
(Read Privacy Act Statement, Warning, and Instructions on reverse before completion)

PART A - SERVICE MEMBER IDENTIFICATION AND HOUSING INFORMATION

| | | |
|---|--|--|
| 1. NAME (Last, First, Middle Initial) | 2. RESIDENCE ADDRESS (Street, Apt. No., City, Country) | |
| 3. PAY GRADE | 4. SOCIAL SECURITY NUMBER | 5. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD) |
| 6. DUTY STATION OR HOMEPORT | | 7. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (Select appropriate box) (See instructions on reverse side if you pay rent 3 or more months in advance.) a. LOCAL CURRENCY, Name of currency: b. U.S. DOLLARS |
| a. DUTY STATION NAME b. CITY c. COUNTRY | | 8. IS YOUR RESIDENCE LEASED OR OWNED? (Select appropriate box) ENTER THE MONTHLY RENT AMOUNT OR PURCHASE PRICE IN THE CURRENCY SELECTED ABOVE. a. LEASED/RENTED b. OWNED Purchase price (excluding closing costs, taxes, etc.): |
| 9. ARE YOU ENTITLED TO AN OVERSEAS COST-OF-LIVING ALLOWANCE OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (Select one) <input type="checkbox"/> YES (Specify location) <input type="checkbox"/> NO OR NOT APPLICABLE | | |
| HOMEOWNERS, SKIP QUESTION 10 AND GO DIRECTLY TO QUESTION 11 | | |
| 10. UTILITIES (Excluding telephone) (Select appropriate box) <input type="checkbox"/> a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENT/LEASE AGREEMENT WITH LANDLORD. <input type="checkbox"/> b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENT/LEASE AGREEMENT AND PAID BY LANDLORD. <input type="checkbox"/> c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENT/LEASE AGREEMENT WITH LANDLORD. (Complete items 11 through 16 indicating utilities/services of which your landlord provides the MAJORITY.) <input type="checkbox"/> (1) ELECTRICITY <input type="checkbox"/> (2) HEATING <input type="checkbox"/> (3) AIR CONDITIONING (Select if window units are used and the landlord provides electricity.) <input type="checkbox"/> (4) WATER OR SEWER <input type="checkbox"/> (5) TRASH DISPOSAL TOTAL (11 through 16) (If result exceeds "1", you are considered a "sharer.") 1 | | |
| 11. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, SELECT APPROPRIATE BOX FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU SELECT, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT BOTTOM. (NOTE: Do not count dependents unless covered by category.) a. MYSELF 1 b. SPOUSE WHO IS ALSO A SERVICE MEMBER (Enter "1") c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL GOVERNMENT EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number) d. OTHER SERVICE MEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number) e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number) | | |
| 12. IF BOX 11.B. OR 11.D. IS MARKED, REPORT THEIR FULL NAME(S), SOCIAL SECURITY NUMBER(S) AND BRANCH OF SERVICE IN PART C "REMARKS" ON REVERSE. | | |
| PART B - CERTIFICATIONS | | |
| 13. SERVICEMEMBER, I CERTIFY THAT: a. THE INFORMATION I HAVE REPORTED IS TRUE AND CORRECT. b. I WILL IMMEDIATELY INFORM MY COMMANDING OFFICER IF ANY CHANGES OCCUR TO THE INFORMATION I HAVE REPORTED. c. CERTAIN HOUSING LEASE/RENTAL/SALE AGREEMENT (OR CERTIFICATION FROM LANDLORD) IS TRUE AND CORRECT, IF APPLICABLE. d. I HAVE READ THE OVERSEAS HOUSING ALLOWANCE BRIEFING SHEET PROVIDED BY MY COMMANDER OR AUTHORIZED REPRESENTATIVE, IF APPLICABLE. e. SIGNATURE | | |
| 14. HOUSING OFFICER OR APPROPRIATE OFFICIAL, I HAVE REVIEWED AND VERIFIED THE MEMBER'S LEASE/RENTAL/SALE AGREEMENT AND INFORMATION FROM IT WAS PROPERLY REPORTED. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (Select one) <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO IF YES, ENTITLEMENT IS: (1) INITIAL (2) SUBSEQUENT b. SIGNATURE | | |
| 15. CERTIFYING OFFICIAL, I HAVE REVIEWED THIS ACTION AND CERTIFY THE ENTITLEMENT. IF APPLICABLE TO THIS ACTION, MEMBER IS AWARE OF HIS/HER ENTITLEMENTS AND RESPONSIBILITY TO REPORT ANY CHANGES a. HOUSING ALLOWANCE ACTION (Select one) <input type="checkbox"/> (1) START <input type="checkbox"/> (3) STOP <input type="checkbox"/> (5) CANCEL* <input type="checkbox"/> (2) CHANGE <input type="checkbox"/> (4) CORRECT <input type="checkbox"/> (6) REPORT* *FOR AIR FORCE USE ONLY b. MIHA/MISCELLANEOUS ENTITLEMENT (Select one) <input type="checkbox"/> (1) INITIAL <input type="checkbox"/> (2) SUBSEQUENT <input type="checkbox"/> (3) NONE c. EFFECTIVE DATE OF ACTION (YYYYMMDD) | | |
| d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? (1) YES (2) NO e. SIGNATURE | | |
| f. TITLE | | |
| g. DATE SIGNED (YYYYMMDD) | | |

Completed
DD Form 2367

COMMAND PAY AND PERSONNEL ADMINISTRATOR (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

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/>

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

- ❖ For 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>

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