



NAS Fallon Unaccompanied Housing (UH) Application Package

E4 < 4 & Single Service Members - The following items **MUST** be included in order to process your UH application:

- ✓ NAS Fallon Unaccompanied Housing Application
- ✓ Statement of Understanding
- ✓ Permanent Change of Station (PCS) orders to Fallon
- ✓ Sex Offender Policy Acknowledgement and Disclosure
- ✓ Call the UH Office during normal hours of operation if reporting outside of these hours for special reporting instructions.
- ✓ Advanced applications are highly encouraged.

Special Requests

- ✓ Special requests are applicable to those that do not have dependents and are E4 with over four years of service.
- ✓ All items listed above as well as a letter from the member explaining the nature of the request and a first endorsement from member's tenant command.
- ✓ All request packages must be routed through the Navy Housing Office.

EMAIL APPLICATION PACKAGES TO: FALLON_HOUSING@NAVY.MIL OR FAX TO: (775) 426-2910

Navy Housing UH Office
Hours of Operation:
Monday – Friday 07:30 16:00
Office Phone: (775) 426-3270
RA Phone: (775) 848-6750

Navy Housing Service Center
Hours of Operation:
Monday – Friday 07:30 16:00
Office Phone: (775) 426-2809
Alt. Phone: (775) 426-2933

NAVAL AIR STATION FALLON

APPLICATION FOR UNACCOMPANIED HOUSING

Section 1 APPLICANT INFORMATION

1. Name of Service Member (Last, First, Middle, Suffix)		2. Date of Birth	3. DOD ID #	4. Gender <input type="checkbox"/> M <input type="checkbox"/> F
5. Military Email Address		6. Personal Email Address		
7. (a) Home/Mobile Phone	(b) Duty/Work Phone		8. Pay Grade	

Section II VEHICLE INFORMATION

9. Type/Make/Model	10. Color	11. License Plate Number	12. State Issued
13. Type/Make/Model	14. Color	15. License Plate Number	16. State Issued

Section III MILITARY CAREER INFORMATION

17. Command Name	18. Duty Type Ship Shore	19. Rate	20. Branch of Service
21. Report Date to PDS	22. Time Remaining on Active Duty/ EAOS		23. Projected Rotation Date

Section IV CHAIN OF COMMAND/EMERGENCY INFORMATION

24. (a) LPO Name	(b) Rank/Rate	25. (a) Emergency Contact	(b) Relationship
(c) Department		(c) Address	
(d) Phone	(e) Email	(d) Phone	(e) Email

Section V SPECIAL REQUESTS / COMMENTS

26. List any special requests pertaining to housing assignment, special allergies or BAH matters.

Applicant expresses representation that all of the information contained in the rental application(s) is true and correct to the best of Applicant's knowledge. Applicant further understands and agrees that, if it is later discovered that Applicant falsified any information on the application, such falsification is deemed to be a material violation of the Lease and is grounds for termination of this Lease as allowed by current state law.

27. Signature of Applicant	28. Date Signed
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This Section To Be Completed by UH Management

29. Date Application Received	30. Building Number Assigned	31. Room Number Assigned
32. Signature of UH Management		33. Date Signed

Paperwork Status: Copy of Current Orders Rcvd? Date: GEO BACH Application Received (if applicable)? Date:	Other Notes:
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UH APPLICANT STATEMENT OF UNDERSTANDING

Please initial each statement.

- _____ I understand that I must attend the unaccompanied housing (UH) orientation within 30-days of assignment
- _____ I understand that Command staff will conduct monthly room inspections. UH staff and RA's may conduct unannounced room inspections at any time during the week.
- _____ I understand if I am a day sleeper, I must register with the Building Manager.
- _____ I understand if my key does not work, I will notify the Building Manager immediately.
- _____ I understand that I must notify the building manager for any maintenance concerns immediately.
- _____ I understand that removal of furniture from rooms or lounges is strictly prohibited.
- _____ I understand tampering with smoke detectors in UH buildings is prohibited
- _____ I understand that I am prohibited from operating businesses in, or from, my barracks.
- _____ I understand appropriate clothing must be worn in and around UH buildings.
- _____ I understand smoking of all nicotine products is prohibited in UH buildings, including E-cigarettes (vapors).
- _____ I understand personnel **under 21** years of age may **NOT** consume or possess alcoholic beverages in UH.
- _____ I understand the lounge is open to residents Sun. - Thur. 0800 -2200 and Fri. - Sat. 0800 - Midnight. Users are responsible for cleaning and emptying the trash after use.
- _____ I understand visitors are permitted only during the following hours: Sun.-Thur.: 0800 - 2300; Fri.- Sat.: 0800- Midnight; **No overnight guests, no exceptions.** Residents will accompany visitors at all times and are responsible for the visitor's behavior, conduct and actions, including any damages.
- _____ I understand residents in shared bedrooms may not use unassigned beds, closets or lockers as they are needed for incoming personnel.
- _____ I understand that no open flames are allowed (i.e. cigarettes, incense, candles, hot plates, etc.).
- _____ I understand a room change will not be allowed without proper permission of the Building Manager
- _____ I understand with the exception of guide dogs for the visually impaired and military working dogs in law enforcement capacity, all pets are prohibited.
- _____ I understand personal weapons must be registered with and stored at security.
- _____ I understand that I am required to provide the building manager with a complete and signed check-out cleaning checklist prior to check-out inspection

Service Member Printed Name

Service Member Signature

Last 4 SSN

Date

SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. § 5013, 10 U.S.C. § 5041, 10 U.S.C. § 2831, DoD 4165.63-M and E.O. 9397.

Principle Purposes: To determine an individual's eligibility for Navy housing; including privatized housing.

Routine Uses: Used by region and installation housing office personnel to determine eligibility for Navy housing and by private partners who operate privatized Navy housing for management and operational purposes.

Disclosure: Voluntary; however, failure to provide the requested information may impact eligibility for Navy housing, including privatized housing.

POLICY STATEMENT: In accordance with OPNAVINST 1752.3, to the maximum extent permitted by law or otherwise waived by Commander, Navy Installations Command or the Chief of Naval Personnel (CNP), sex offenders are to be identified & prohibited from accessing Navy facilities and occupying Navy owned, leased, or PPV housing.

Sex Offender Definition: Any person convicted of a criminal offense requiring registration per the National Guidelines for Sex Offender Registration and Notification Act (SORNA) (42 U.S.C. §§ 16901-16962).

NOTICE OF REQUIREMENT TO DISCLOSE

	INITIAL
1. Military sponsors requesting assignment to Navy owned, leased or privatized housing are required to sign this acknowledgment and disclosure form.	
2. Occupancy of Navy owned, leased or privatized housing will not be approved for otherwise eligible applicants if the applicant, any authorized dependent, or live-in aide residing in the home is a sex offender.	
3. Anyone discovered to be a sex offender in the application process shall be denied access to Navy owned, leased or privatized housing.	
4. Anyone found to be a sex offender after taking occupancy may lose the privilege of residing in Navy owned, leased or privatized housing, may be barred from the installation, and/or may be evicted. If eviction occurs you may be responsible for all relocation expenses.	
5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supports SJA/OGC offices, to include a copy of the applicant's DD 1746 and this form. All information will be forwarded to CNIC within two working days.	
6. Anyone found to have falsely certified this Acknowledgment shall be referred for barment or eviction, as appropriate, and may be responsible for relocation expenses.	
7. Denial of an application for assignment to Navy owned, leased or privatized housing under the applicable policy, may be appealed to the Region Commander via the military sponsor's chain of command.	

CERTIFICATION: I have read and understand the above policy. By my signature below, I certify that under a penalty of administrative action and/or prosecution for making a false official statement in violation of 18 U.S.C § 1001 and/or the Uniform Code of Military Justice, Article 107, that neither I nor any person living in my household is a registered/convicted sex offender. I understand that I am required to notify the Navy's Housing Office and the Installation Security Office immediately if circumstances change so that this certification is no longer true.

Signature

Date

Print Name

Command