

APPLICATION CHECKLIST

In order to apply for housing, the following items will need to be submitted to the Housing Office:

- □ Copy of completed application to include: (for Dual Military- supply information for both members)
 - Email address (personal email address preferred)
 - Personal phone number
 - Sponsors birthday and SSN
 - Postal Duty Code
 - LES (Form 702)
- □ Copy of Orders and all amendments (Dual Military- supply both sets of Orders)
 - Navy and Marines need page 2 of Orders
- □ Proof of Dependents (if not on Orders)
 - DEER enrollment form (DD 1172)
 - Birth Certificate only applicable if the child is born within 60 days from the application date (sponsors name must be on the certificate)
 - Marriage Certificate only if you are newly married

<u>Marines, Coast Guard, Active-Duty Air National Guard, Army, and Air Force</u> <u>Reserves</u>

Since Liberty Park at Andrews is unable to set up an allotment for you, you are required to set up your own allotment. If necessary, the Authorization to Start an Allotment (DD Form 2558) can be provided to you by the Liberty Park at Andrews Housing Office.

**** It is important that we have accurate and up-to-date contact information during the application and leasing process. If your contact information is changing, please notify us by emailing your Resident Specialist or calling us at (301) 736-8082.

LIBERTY PARK AT ANDREWS MANAGEMENT / RENTAL OFFICE: 301.736.8083 • FAX: 301.736.8085 2097 SAN ANTONIO BOULEVARD • ANDREWS AFB, MD 20762 WWW.ANDREWSFAMILYHOUSING.COM



APPLICATION FOR HOUSING LIBERTY PARK AT ANDREWS

Section I Applicant Information

Ranking Military Member fill in below:

*Last Name: *F			First Name:				Middle Initial:			
*Address: (previous or home of record)		*City:			*State:	Country:		*Zip Code:		
*Branch of Service:	* Pay Grade:	* Date of Birth:		* Ge	nder:	* Incoming Unit Assignment:		*Incoming Duty Postal Code:		
*Primary Phone Number (include Area Code):			*Duty (Commercial Number):			*Cell Number:				
*E-Mail Address:			*Social Security Number:			-	*Date Housing Needed:			
*Do You Have a Dog/Cat?:		*Status of Applicant:			*Dual Military:					
□Yes □No How Many?:		□Mar	Married Divorced Single			□Yes □No		No		
Section II Military Career Information Dates										

	Military	Military		Military	Military
(Enter in DDMMYY order):	Applicant:	Spouse:		Applicant:	Spouse:
Effective Rank/Rank Date			Effective Change in Duty Station		
Date of Current Commission			Report Date		
Time Remaining on Active Duty			Estimated Family Arrival Date		
Yre you Reporting from a Restricted T				I	

Are you Reporting from a Restricted Tour UYes UNo

Section Household Data (Proof of Date of Birth Will be Required)

III

Individuals residing with me:

Last Name	First Name	M. I.	Relationship	Gender	D.O.B.	Remarks
				□m □F		
				□m □f		
				□m □f		
				□m □F		
				□m □F		
				□m □f		

Do you require any special accommodations? Yes No Provide management with information regarding special housing needs.

REMARKS:

Date: