

STATEMENT OF ELIGIBILITY FOR ON-POST HOUSING

(For use of this form, see AR 420-1. Proponency is DPW.)

PRIVACY ACT STATEMENT

AUTHORITY: AR 420-1.

PRINCIPAL PURPOSE: To obtain information for use in determining eligibility of on-post housing.

DISCLOSURE: Providing information is voluntary; however, failure to provide the information may result in denial of on-post housing.

1. The following official statement is made in connection with my eligibility to reside in on-post housing. I fully understand that making false official statements is punishable under Article 107 of the UCMJ. The maximum punishment is confinement for 5 years, total forfeiture of pay and

I, _____ have legal custody of the child(ren) named below:
(SERVICE MEMBER / SPOUSE - PRINT NAME)

NAME: _____ AGE: _____ NAME: _____ AGE: _____

NAME: _____ AGE: _____ NAME: _____ AGE: _____

I, _____ have legal custody of the child(ren) named below for more than 6 months per year:
(SERVICE MEMBER / SPOUSE - PRINT NAME)

NAME: _____ AGE: _____ NAME: _____ AGE: _____

NAME: _____ AGE: _____ NAME: _____ AGE: _____

I fully understand that I must notify the Fort Hood Family Housing Office of any changes in the legal custody arrangements.

SIGNATURE:

SERVICE MEMBER/SPOUSE: _____ RANK: _____ LAST 4 SSN: _____ DATE: _____

2. The following official statement is made in connection with my eligibility to reside in on-post housing. I fully understand that making false official statements is punishable under Article 107 of the UCMJ. The maximum punishment is confinement for 5 years, total forfeiture of pay and allowances, and a dishonorable discharge.

I, _____ certify that I have not been convicted of any of the offenses below:
(SERVICE MEMBER - PRINT NAME)

I, _____ represent the sponsor by power of attorney and have not been convicted of any of the offenses below:
(SPOUSE - PRINT NAME)

I, _____ certify that _____
(SERVICE MEMBER / SPOUSE - PRINT NAME) (PRINT NAME)

is an immediate / non-immediate / non-family member and has not been convicted of any of the offenses below and will only reside in on-post housing on a temporary basis.

I, _____ certify that _____
(SERVICE MEMBER / SPOUSE - PRINT NAME) (PRINT NAME)

is an immediate / non-immediate / non-family member and has not been convicted of any of the offenses below and will only reside in on-post housing during my deployment.

OFFENSES INCLUDE:

1. A felony offense under state or federal law.
2. Any offense which requires me to register as a convicted sex offender in any state.
3. A courts-martial for any offense which carries a possible punishment of punitive discharge and/or confinement for one year or more.

To my knowledge, none of the dependents / non-dependents who will reside in on-post housing with me have been convicted of an offense that requires registering as a felon, or convicted sex offender in any state.

I fully understand that I must notify the Fort Hood Family Housing Office of any changes in the offenses reported above.

3b SIGNATURE: (SERVICE MEMBER / SPOUSE)

3b. RANK:

3c. LAST 4 SSN:

3d. DATE: