

**FORT HOOD DEPOSIT WAIVER PROGRAM**  
**UTILITY/LANDLORD**  
(FH REG 210-50)

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APPLICATION FOR WAIVER

1. Participating Utility/Landlord \_\_\_\_\_ .

2. Privacy Act Statement - Authority: 5 USC 552a.

I desire to voluntarily participate in the Fort Hood Deposit Waiver Program. I understand that I am not required to release my forwarding address; however, refusal to do so will result in denial of participation in this program. I hereby waive my rights under the Privacy Act and authorize any government agency or agent to release my home forwarding address to the Utility/Landlord named herein for the purpose of unpaid debt or damages to a dwelling caused by me or a member of my family while I was a participant in the program. I also understand that, if I become delinquent in paying I will be counseled by the command which will take appropriate action to resolve the problem IAW AR 600-15.

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NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SSN: \_\_\_\_\_ UNIT: \_\_\_\_\_

SOLDIER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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INPROCESSING:

1. Deposit Waiver Office - receipt and processing of deposit waiver form.

\_\_\_\_\_  
Authorized Signature or Stamp

2. Finance Office - verification that soldier named above is authorized  
BAQ. **(Not required for telephone waivers. )**

\_\_\_\_\_  
Authorized Signature or Stamp

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OUTPROCESSING:

\_\_\_\_\_  
Cleared by Utility/Landlord Representative

\_\_\_\_\_  
DATE

**NOTE:**

1. THIS WAIVER IS ONLY IN EFFECT AS LONG AS THE SOLDIER IS ASSIGNED TO FORT HOOD.

2. SOLDIERS WHO DISCONNECT SERVICES, OUTPROCESS, OR RELOCATE WITHIN THE AREA TO INCLUDE MOVING ON-POST MUST PAY FINAL BILLS AND RETURN THIS WAIVER OR SIGNED RELEASE FROM THE UTILITY/LANDLORD TO THE DEPOSIT WAIVER OFFICE AT BUILDING 108.