

STATEMENT OF ELIGIBILITY FOR ON -POST HOUSING

Data Required by the Privacy Act of 1974 (5 U.S.C. 522a)

Authority: AR 210-50

Principal Purpose: To obtain information to be used in determining eligibility for On Post Housing.

Providing Information is voluntary; however, failure to provide the information may result in denial of On-Post Housing.

I make the following official statement in connection with my application for On-Post housing:

I, _____ have legal custody of the child/ren named below:
(Print Name)

Name: _____ Age: _____

Name: _____ Age: _____

I, _____ have legal custody of the child/ren named below for a period of 6months yearly:
(Print Name)

Name: _____ Age: _____

Name: _____ Age: _____

I, _____ have initiated required paperwork to obtain legal custody of:
(Print Name)

Name: _____ Age: _____

Name: _____ Age: _____

I, _____ certify that I have not been convicted of any of the following:
(Print Name)

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. *At a courts- martial for any offense which carries as a possible punishment a punitive discharge and/or confinement for one year or more.*

To my knowledge, none of the dependents who will reside in family housing with me has been convicted of an offense that requires the dependent to register as a convicted sex offender in and state.

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

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.

Signature of Member _____ Date _____

SSN: _____ Rank _____