

BMMH WATERFALL TENANT APPLICATION

FOR OFFICE USE ONLY

Waterfall Category	Rental Rate (OAD, Guard Reserve = Rank) All other categories= rank of home	\$ _____
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APPLICANT INFORMATION

Last Name	First Name	MI	DOB (DD-MMM-YYYY)	Social Security Number
Address		City/St	Zipcode	Date of Application
Email Address			Phone Number (Primary)	
Marital Status	Total # Of Occupants	Date Housing Needed		Duty Ph. #
Squadron/Unit/Contractor	Pay Grade/Branch of Svc (If Applicable)		Date of Rank	Supervisor Name

EMPLOYMENT / OTHER INCOME

Employer	How Long	Work Ph.#		
Address		City	State	Zipcode
Gross Monthly Salary (\$)/Other Income	Position Held/Occupation		Supervisors Name	Supervisors Ph.#

Have you or your spouse ever declared bankruptcy? (Check One) Yes No

CO-APPLICANT INFORMATION

Last Name	First Name	MI	DOB (DD-MMM-YYYY)	Social Security Number
Email Address			Phone Number (Primary)	
Employer	How Long	Work Ph.#		
Address		City	State	Zipcode
Gross Monthly Salary (\$)/Other Income	Position Held/Occupation		Supervisors Name	Supervisors Ph.#

OWNERSHIP / RENTAL HISTORY

Current Address	City	State	Zipcode
Name of Property Owner/Manager	Phone	Move In Date	
Previous Address	City	State	Zipcode
Name of Property Owner/Manager	Phone	Move In Date	

Have you ever or do you currently own your own home? (Check One) Yes No

Have you or your spouse/significant other ever been evicted? (Check One) Yes No

Have you or your spouse/significant other ever been sued for non payment of rent or damages to rental property? (Check One) Yes No

EMERGENCY CONTACT INFORMATION

NAME	PHONE #	STREET ADDRESS	CITY/ST/ZIPCODE

PET INFORMATION
PET LIMIT = 2 NO EXCEPTIONS

Do you have pets?	How many?	Pet Type Cat _____ Dog _____	Breed
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DEPENDENT INFORMATION

DEPENDENTS RESIDING WITH APPLICANT Last, First, MI	RELATIONSHIP	GENDER	DOB (DD-MMM-YYYY)

REFERENCES

Name of Reference (1)	Relationship	Phone #	Years Known
Name of Reference (2)	Relationship	Phone #	Years Known

OTHER INFORMATION (SPECIAL REQUESTS, SPECIAL NEEDS AND/OR COMMENTS)

HOW DID YOU HEAR ABOUT US? CHECK ONE

Referred by: Name: _____ Unit: _____

Base Paper Banner, Brochure or Flyer: Where did you see it?

BMMH Website AHRN Other Walk In

DISCLOSURE

I HEREBY GIVE Boyer Hill Military Housing the authority to run my credit, criminal and background check. I understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction. I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

_____ Date: (DD-MMM-YYYY)

Applicant Signature: _____

_____ Date: (DD-MMM-YYYY)

Co-Applicant Signature (if applicable): _____

SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT

Attach to application for military, government-managed and privatized housing

I, (print name) _____, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, ***Application for Assignment to Housing.***

POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barmment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

Signature of Applicant

Date