

REQUEST FOR RETENTION OF FAMILY HOUSING

Name: _____

Street Address: _____ Bldg No. _____

City: _____ State: _____ Zip: _____

Rank: _____ Social Security No. _____

Work Number: _____ Home Telephone No. _____

Email Address: _____

Name(s) of Authorized Residents: _____

I, _____, request I be authorized to retain housing at the above address due to one or more of the following circumstances.

Please check all that apply.

- Dependent-Restricted Assignment (Deployment/Unaccompanied Remote)
- Deferred Travel Program (TDY in route)
- Terminal Leave Status
- other, please specify _____

1. I understand that my current unit assumes total responsibility for my family during my absence and that my request must be submitted through my Squadron/Flight, Group and Wing Commanders.

(Initial) _____

2. I understand that if I change my dependent-restricted short tour status to an extended or all other tour status, my retention of family housing will no longer be valid and my lease will immediately be terminated. All information pertaining to change in tour status must be reported to Maxwell Family Housing office within 24 hours of the said change.

(Initial) _____

3. I understand that if my deferred travel status will be extended beyond the time frame listed upon the original orders, I must acquire a letter from the housing office at my gaining installation. The letter will state that I am on the waiting list(s) on and off base and am diligently seeking housing. All data will need to be furnished to The Maxwell Family Housing office to obtain an extension.

(Initial) _____

4. I understand that I am responsible for all charges incurred pertaining to said residence herein listed. The rent charged for my present residence will be based on my current BAH (subject to change without notice) eligibility at Vance bases.

(Initial) _____

By signing this document, I acknowledge that placing this request does not guarantee the retention of my home. I also understand the approval is at the sole discretion of Maxwell Family Housing management team.

Signed this ___ day of _____, 2010

Printed Name of Service Member

Signature of Service Member

Received By:

Printed Name of Recipient

Signature of Recipient

Date Received: _____

Transferred to: _____

FOOR OOFFFIICCEE USSEE OONLLYY

___ **Approved** for ___ mo ___ days

___ **Denied**, see comments below

Additional Comments: _____

Signed this ___ day of _____, 2010

_____ *Authorized Signature*

Print Name: _____

Recommendation Form

This form must be completed in its entirety prior to rendering a decision for retention of family housing. Please be sure to submit your request form and the recommendation form at the same time. This will allow the transition of the request to flow quickly and smoothly.

1st Recommendation

- Approval - Disapproval

By signing below, I _____, accept all responsibility as the sponsor unit for the retention of housing for the duration approved.

Additional Comments: _____

Squadron/Flight Commander's Signature Date Work Phone No.

2nd Recommendation

- Approval - Disapproval

By signing below, I _____, accept all responsibility as the sponsor unit for the retention of housing for the duration approved.

Additional Comments: _____

Group Commander's Signature Date Work Phone No.

3rd Recommendation

- Approval - Disapproval

By signing below, I _____, accept all responsibility as the sponsor unit for the retention of housing for the duration approved.

Additional Comments: _____

Wing Commander's Signature Date Work Phone No.

