

MOVE OUT FORM



Name: _____ SSN: _____ Rank: _____
Home Address: _____ Community Code: _____

MOVE OUT:

Tenant ID# _____

Move Out Date: _____ Inspection Completed: YES/NO _____

Refund Due: YES/NO

Refund Amount: _____ (need forwarding address)

Forwarding Address: _____

Forwarding Duty Station: _____ Phone #: _____

DAMAGES: (Damage Amounts will be deducted from BAH refund)

<u>Description</u>	<u>Charge</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Damages: \$ _____

Comments: _____

Completed by: _____

Service Member Signature: _____

REFUND POLICY:

Arrears- Refunds will be mailed on the 10th of the following month. Allotments are collected in arrears on the 1st of each month.

Advance- Refunds will be mailed within 10 days following your move out date.

1st -20th pro-rated amount will be pulled (*no refund will be due*)

