

HOUSING APPLICATION

Application for Assignment to Housing: To start the process for securing a lease, you need to fill out and sign DD Form 1746. This can be done before your arrival by emailing the form to 31 CES Aviano Housing <31fw.housing@us.af.mil>.

Instructions for completing DD Form 1746 (the form is shown on page 2 of this Section):

- Block 1: select Housing Referral box
- Block 2: self-explanatory
- Block 3: self-explanatory
- Block 4: the last 4 of your social security number
- Block 5: your branch of service (US Air Force, US Army, etc.)
- Block 6: write PSC 103, Box <your box #>, Aviano AB 09603; if you don't know your box number it will be completed upon your arrive
- Block 7a-b: your Italy cell phone number and your duty phone (DSN 632-xxxx)
- Block 8a-d: self-explanatory; select only one that applies to your situation
- Block 9: self-explanatory
- Block 10a-b: self-explanatory; select only one that applies to your situation
- Block 11a-b: self-explanatory; select only one that applies to your situation
- Block 12: the organization that you are leaving to come to Aviano AB
- Block 13: write Aviano AB
- Block 14a-f: self-explanatory
- Block 15a-e: self-explanatory
- Block 16a-l: self-explanatory; select all that apply to your situation
- Block 17a-g: self-explanatory; select all that apply and provide numbers (bedrooms and baths)
- Block 18: self-explanatory; remember you have 30 days TLA (see **Section 3** of this Packet)
- Block 19: self-explanatory; the housing office can help you in determining your OHA (see **Packet 2, Section 3**)
- Block 20: self-explanatory; you might already have an area in mind based on information you might have received from your sponsor or others from your work center (see **Section 4** of this Packet)
- Block 21: use this block to provide us any information you deem necessary to help us help you in securing a lease for you and/or your family; this could include information from Block 17g.
- Block 22: sign your application (can this be digitally signed scanned if doing before arrival)
- Block 23: date your application

APPLICATION FOR ASSIGNMENT TO HOUSING <i>(Before completing form, read Privacy Act Statement and Instructions on reverse)</i>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
				a. MILITARY HOUSING	b. HOUSING REFERRAL
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN	5. DOD COMPONENT	
6. ADDRESS <i>(Street, City, State, Zip Code)</i>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	a. MILITARY MEMBER	c. CIVILIAN
		9. MARITAL STATUS		b. MILITARY SPOUSE	d. FOREIGN NATIONAL
11. I REQUEST HOUSING FOR <i>(X one)</i>		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>			
a. SELF ONLY	b. SELF AND DEPENDENTS	a. VOLUNTARILY		b. INVOLUNTARILY	
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		14. DATES <i>(Enter in YYMMDD order)</i>	MILITARY APPLICANT	MILITARY SPOUSE	
		a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
		c. TIME REMAINING ON ACTIVE DUTY			
		d. EFFECTIVE CHANGE IN DUTY STATION			
		e. REPORT DATE			
		f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <i>(If more space is needed, continue on plain paper.)</i>					
a. NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>	
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>					
a. PURCHASE HOUSE	d. RENT HOUSE	g. RENT MOBILE HOME SPACE		j. ROOM AND BOARD	
b. PURCHASE CONDOMINIUM	e. RENT APARTMENT	h. SHARE		k. SUBLET	
c. PURCHASE MOBILE HOME	f. RENT MOBILE HOME	i. RENT ROOM		l. TRANSIENT	
17. AMENITIES DESIRED <i>(X as applicable. Write number in d. and e.)</i>		18. DATE HOUSING NEEDED <i>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>	
a. FURNISHED	e. NO. BATHS				
b. UNFURNISHED	f. PETS <i>(Allowed)</i>				
c. AIR CONDITIONING	g. OTHER <i>(Explain)</i>	20. LOCATION PREFERENCE <i>(Community Housing)</i>			
d. NO. BEDROOMS					
21. REMARKS					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <i>(YYMMDD)</i>	
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>		d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>	
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>	g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>	
SECTION VI - HOUSING REFERRAL CERTIFICATE					
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.		
25. SIGNATURE OF APPLICANT			26. DATE SIGNED <i>(YYMMDD)</i>		