



APPLICATION FOR HOUSING

Email completed application to fhc@tmo.com
Questions? Call (913) 682-6300

Section I Applicant Information

How did you hear about us: ☐ Web ☐ Housing Office ☐ Sponsor ☐ Current Resident ☐ Other _____

Military Member's Info (Highest Ranking):

EDIPI NUMBER:	Social Security #:	Last Name:	First Name:	MI:	
Address: (previous or home of record)		City:	State:	Zip Code:	Past Installation:
Branch of Service:	Rank/Grade:	Date of Rank:	Date of Birth:	Gender:	Incoming Unit Assignment:
Primary Phone Number:	Secondary Phone:		Non-military Email ~Primary communication method with FLFHC:		
Secondary Email:		Date Housing Needed:		Date Clearing Prior Installation:	

Section II Household Data (Proof of Dependent Status and Eligibility Required)

Dependents residing with military member: Please provide SSN for dual military member ONLY.

Last Name	First Name	M.I.	Relationship	Gender	D.O.B.	S.S.N.
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		

Additional Information

Village Preference:		
#1	#2	#3
Pets?: (maximum 4 pets) How Many? _____ Type/Breed: _____		Status of Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> *GEO Bach <input type="checkbox"/>
Do you own a plug-in electric vehicle (EV)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dual Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your dependents require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ *If yes, please provide management with additional information regarding your special housing needs.		

Emergency Contact

Name	Address	City, State, Zip	Phone
------	---------	------------------	-------

Applicant Signature: _____ **Date:** _____

For Office Use Only:

Date of Application:	Date Placed on Waitlist:	Size:	Village:
Date Housing Assigned:	Address Assigned:		Coordinators Initials/Date:
Notes:			

How to Submit Application

Email: fhc@tmo.com
Mail: Fort Leavenworth Frontier Heritage Communities (FLFHC), P.O. Box 3387, Fort Leavenworth, KS 66027
Or Fax: (913) 758-1779



Application Checklist for Housing

Submit the following documents to the Frontier Heritage leasing team via email to:

fhc@tmo.com

☐ **Completed and signed application**

Ensure all of the following fields are complete:

- Email address for all adult occupants
- Phone number for all adult occupants
- Sponsor's birth date
- Date of rank
- Military unit

Please note that it is your responsibility to keep all contact information current. If the Resident Specialist is unable to contact you due to failure on your part to update contact information, your name will be removed from the waiting list.

☐ **Copy of orders, amendments** (Required for waitlist consideration)

☐ **Sponsor/Spouse military ID card verification form**

☐ **DEERS, or proof of dependents**

The standard DEERS enrollment form DD1172 is accepted in all cases. However, if you do not have DEERS the following documents will be required.

- Marriage certificate
- Birth certificate
- Proof of pregnancy
- Military dependent ID card

☐ **Most recent LES** (full statement)

☐ **Power of Attorney**

This is only necessary if the spouse will be signing for the home.

☐ **Pet Inoculations, deposit and photo(s)**

A maximum of 4 pets (dogs/cats) are allowed. A \$250 refundable deposit is required per pet at the time of move-in, along with a photo of each pet.

☐ **Copy of your renter's insurance policy**

Residents are required to carry a minimum liability of \$100,000 personal liability per occurrence. Our community (FLFHC) must be listed as an "Interested Party." Proof of renter's insurance is mandatory prior to move in. Residents are required to maintain renter's insurance coverage for the entire length of their tenancy.

☐ **Lead Based Paint Addendum and Video Acknowledgement**