



# FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES

## ACTIVE DUTY APPLICATION FOR HOUSING

Questions? Call (913) 682-6300

**How did you hear about us?**  Web  Housing Office  Sponsor  Current Resident  Other \_\_\_\_\_

### APPLICANT INFORMATION

#### Military Member's Info: (Highest Ranking):

Social Security #:		Last Name:		First Name:	Middle Initial:
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 #:	Secondary Phone #:	Service Member's Non-Military Email:			
Secondary Email:		Date Housing Needed:		Date Clearing Prior Installation:	

Would You Like to Request a Roommate?  YES  NO

### 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	Date of Birth	Social Security Number

#### Dual Military Information:

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date of Rank: \_\_\_\_\_

### ADDITIONAL INFORMATION

Village Preferences: #1		#2	#3		
Pets?: (maximum 4 pets) (CHECK BANNED BREEDS ON OUR WEBSITE)		Status of Applicant:			
How Many?	Type/Breed(s)	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Geo Bach
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 accomodations? <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 #
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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### WAYS TO SUBMIT APPLICATION

**Email:** fhc@tmo.com | **CGSC Email:** fhcstudent@tmo.com  
**Mail:** 220 Hancock Ave., Fort Leavenworth, KS 66027  
**FAX:** (913) 758-1779



**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, with proof of dependents traveling with you.**

If dependents not listed on Orders, please submit the standard DEERS enrollment form DD-1172.

**Most recent LES prior to move-in date** (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.

**PLEASE NOTE:**

\* While **renter's insurance** is not required, it is highly recommended for your protection. We suggest a minimum of \$100,000 in personal liability coverage. If you choose to obtain renter's insurance, please list FLFHC as an "Interested Party" on the policy.

\* Please watch the **Lead Based Paint** video provided in the home offer email.