



Civilian Application for Housing

- ☐ Military Retiree | Rank: _____
☐ DOD/DOJ Civilian | GS/GL Rating: _____
☐ NAF | GS Rating: _____
☐ Civilian Contractor

Section I

Applicant Information

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

Applicant Information:

*Social Security#:	* First Name:	* Last Name:	*Driver's License#	
*DOB (mm/dd/yy)	*Address:	*City:	*State:	*Zip Code
*Primary Phone#	*Secondary Phone:	*Email:	*Date Housing Needed	

Section II

Have You Ever [Check all that apply]

Filed for bankruptcy? ☐ Been evicted from tenancy? ☐ Willfully or intentionally refused to pay rent when due? ☐
Been convicted of a crime? ☐ If yes, when? _____

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

Dependents residing with Civilian applicant: Please provide SSN for all applicants 18+.

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		

*Pets? (maximum 4 pets) Installation _____ has a banned breed list. No Pit bulls or any mix pit bulls, Doberman, Rottweiler, Wolf or Wolf Hybrid for the remainder of the banned breeds please call the housing office at 913-682-6300.

How Many? _____ Breeds: _____

Do you own a plug-in electric vehicle (EV)? ☐ Yes ☐ No

Employment Section IV

Employer	Start Date	Annual Salary	DOD/CONT	Work Phone Number
Additional Income	Start Date	Amount/Frequency		

Section V

Alternative Contact

Emergency Contact:	Email:	Phone Number:
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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:			



CIVILIAN APPLICATION CHECKLIST

Submit the following documents to the Frontier Heritage leasing team via email to: fhc@tmo.com

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Completed and signed application

Ensure all of the following fields are complete:

- Applicant's date of birth
- SSN for all persons over the age of 18 years
- Email address for all adult occupants
- Phone number for all adult occupants

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.

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State Issued Driver's License, for all persons over the age of 18 years

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Retired military ID or CAC card, for verification

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\$35.00 Additional Application Fee

Credit and Background Check for up to 2 applicants

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\$15.00 Additional Application Fee

Credit and Background Check for other applicants over the age of 18 years

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Proof of Income

Most recent paystub, 90-day employment history verification and/or other forms of income verification if applicable

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Proof of Dependents

- Marriage Certificate
- Birth Certificates
- Custody Verification

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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.

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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.

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Lead Based Paint Addendum and Video Acknowledgement

220 Hancock Ave
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Fort Leavenworth, KS 66027
Phone (913) 682-6300 Fax (913) 651-2324
<http://www.ftleavenworthfamilyhousing.com>

