



Desert Oasis Communities

Housing Application – Active-Duty Military Personnel

Section I: Applicant Information

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

Military Member's Information (Highest Ranking):

*Social Security No:	*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:		Military Email:		
*Preferred or Secondary Email Address:			*Date Housing Needed:		*Date Clearing Prior Installation:	

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

Dependents residing with military member:

Last Name	First Name	M.I.	Relation	Gender	SSN	Date of Birth
				<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		

Section III: Additional Information

*Pets? (maximum 3 pets) How Many? ____ Breed: _____ Breed: _____	
We do have breed restrictions. Please reach out to the housing office for any questions. 928-329-9014	
*Status of Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> *GEO Bach <input type="checkbox"/> 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.	

Section IV: Emergency Contact (Someone not living with Applicant)

*Emergency Contact:	*Email:	*Phone Number:	Relation:
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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:			



Application Checklist for Active-Duty Military Personnel

To be placed on the waitlist; please ensure our office has the following items:

- ___ Completed housing application
- ___ Copy of orders and all amendments (if dual military, orders for both service members)
- ___ Copy of Driver's License of everyone over 18.
- ___ DD1172-2 DEERS Enrollment Verification Form if your orders do not list your dependents.
- ___ Copy of most recent end of month LES (if dual military, a copy from each service member)
- ___ Copy of current inoculations for your privately owned pet. Your pet must be microchipped within 30 days of arrival. Please be aware of the banned breeds policy.

___ Renters Insurance (Due at lease signing):

It is mandatory for every resident to acquire a renter's insurance policy. Upon move in, proof of renter's insurance must be submitted detailing a minimum liability of \$100,000 per occurrence. You must list Desert Oasis Communities as the interested party on the insurance policy with the address as follows:

Desert Oasis Communities
1120 Cutter Avenue
Yuma, AZ 85365

Please submit all documents directly to Christie or Jordan via e-mail (preferred) or hand delivery. If using e-mail, please submit documents as pdf or Word attachments. Do not send photographs of documents.

To assist you in a timely manner, applying in advance of arrival is preferred; however, walk-ins are welcome.

Desert Oasis Communities Building 1120 Cutter Ave Yuma Proving Ground, AZ 85365	(928) 329-9014 ~ TEL	Operations Manager Jordan Atondo jatondo@tmo.com Community Director Christie Shew cshew@tmo.com
desertoasiscommunities.com		



