



## APPLICATION FOR HOUSING/INTERNATIONAL MILITARY STUDENT

Email completed application to [fhc@tmo.com](mailto:fhc@tmo.com) with  
[usarmy.leavenworth.tradoc.mbx.armyu-cgsc-imsd@army.mil](mailto:usarmy.leavenworth.tradoc.mbx.armyu-cgsc-imsd@army.mil) on the CC line  
Questions? Call (913) 682-6300

### Section I Applicant Information

EDIPI NUMBER:	FIN: (FOREIGN IDENTIFICATION NUMBER)	LAST NAME:	FIRST NAME:
CURRENT ADDRESS:		CITY	COUNTRY
RANK/GRADE:	DATE OF RANK:	DATE OF BIRTH (month/date/year):	GENDER:
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:	NON-MILITARY EMAIL/PERSONAL EMAIL:	
SECONDARY EMAIL:		DATE HOUSING NEEDED:	WILL YOUR ITO AUTHORIZED DEPENDENTS JOIN YOU?

### Section II Household Data

LAST NAME	FIRST NAME	RELATIONSHIP	GENDER	DATE OF BIRTH
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	

### Additional Information

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

### Emergency Contact Information

Name	Address	Phone
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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:			



## INTERNATIONAL APPLICATION CHECKLIST

Submit the following documents to the Frontier Heritage leasing team via email to: [fhc@tmo.com](mailto:fhc@tmo.com)

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### **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.

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### **Copy of International Travel Orders (ITO), amendments (if received)**

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### **U.S. Military ID for verification**

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### **Foreign Identification Number (FIN)**

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### **Passport for all family members**

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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  
PO Box 3387  
Fort Leavenworth, KS 66027  
Phone (913) 682-6300 Fax (913) 651-2324  
<http://www.ftleavenworthfamilyhousing.com>

