

HSO Housing Services Office
Office 586-574-8178 Tracey
Fax 586-574-5300

Today's Date: _____

(office use) File Number: -FY09 Q-

Name of Service Member:	Sp. Name	Total # of Adults & # of Children
	Total #'s of Family Members:	
Rank / Branch:	Preference	School District:
Phone Numbers –	# of Pets: cat (s) dog (s) (weight)	
Phone Numbers –	Unit & Location:	
Email – Other	Desired Commute Miles/Time:	
Email – Other	Estimated Arrival & Report Dates:	
BAH: \$	COLA: \$	Years & Date of Service:

Rent / Sale Range: _____ Housing Choice(s): _____
1 Story or 2 Story – House – Duplex – Townhouse – Apartment – Condo (Apt. style / Row – Attached / Detached) – Other

Min. # of Bedrooms:	Min. # of Bathrooms:	Garage:	Carport
<u>Appliances:</u> Stove Refrigerator Dishwasher Microwave	<u>Utility Room:</u> Washer / Dryer	Connections	
Basement Yard Fenced Storage/Shed A/C	<u>Other:</u>		

Macomb County:	Chesterfield	Clinton Twp	Eastpointe	Fraser	Harrison Twp	Macomb Twp
	Mt. Clemens	New Baltimore	New Haven	Richmond	Romeo	Roseville
	Shelby Twp	St. Clair Shores	Sterling Hts.	Washington Twp	Warren	Utica

Oakland or Wayne County: _____

Any EFMP? _____ (if so another form will be provided) Do you have a Sponsor? _____ Name: _____

Comments: _____

Contacted / Follow-up:

Office Use

Real Estate Agent:
