



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)
 How Many? ___ Breed: _____ Breed: _____ Breed: _____ Breed: _____

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.

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:

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:			



Fort Leavenworth Frontier Heritage Communities II, LLC

MILITARY RETIREE & CIVILIAN (DOD/DOJ) MOVE-IN CHECKLIST

In order to apply for On-Post Housing, please provide the following:

___ Copy of completed application

In order to sign for housing, please provide the following upon your arrival:

YOU CANNOT SIGN A LEASE WITHOUT THE FOLLOWING DOCUMENTS

___ State issued Driver License, for all persons over the age of 18 years

___ Retired military ID or CAC card, for verification

___ Spouse's military ID card, for verification, if military retiree

___ \$35.00 Application Fee/Credit and Background Check (for up to 2 applicants)

___ \$15.00 Additional application Fee/Credit and Background Check for other applicants over the age of 18 years

___ Most recent paystub, 90-day employment history verification and/or other forms of income verification if applicable. Copy of offer letter for employment on Fort Leavenworth.

___ Proof of Dependents

- Marriage Certificate/Birth Certificate/Custody Verification

___ Proof of Renters Insurance

- Minimum of \$100,000 liability

___ Certificate of Inoculations for all pets (Rabies and micro-chipping required on installation) Fort Leavenworth has a banned breed policy. (No Pit Bulls, no mix with Pit Bulls, Doberman Pinscher, Rottweilers, Wolf, Wolf Hybrid, CHow) Please call the office for the remainder of the list.

___ Lead Based Paint Addendum and Video Acknowledgment

***The day of move-in you will need to pay your prorated rent.
We accept Check, Money Order, Visa, MasterCard or Discover.
(Cash and American Express will not be accepted)***

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Fort Leavenworth, KS 66027
Phone (913) 682-6300 Fax (913) 651-2324

<http://www.ftleavenworthfamilyhousing.com>