

## FAMILY HOUSING COVER SHEET

Submit your complete application packet via fax: 619-556-8012 or  
Email: [sandiego\\_housing@us.navy.mil](mailto:sandiego_housing@us.navy.mil)  
Information Desk: 619-556-8443

### CHECK ITEMS THAT APPLY:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ROUTINE PCS ORDERS  | <input type="checkbox"/> PRE-COMMISSIONED SHIP | <input type="checkbox"/> HOMEPORT CHANGE* |
| <input type="checkbox"/> HUMANITARIAN ORDERS | <input type="checkbox"/> INTERSITE RELOCATION  | <input type="checkbox"/> EFM PRIORITY**   |

\*MUST PROVIDE HOMEPORT CHANGE CERTIFICATE

\*\* MUST PROVIDE VERIFICATION/DESIGNATION LETTER

Thank you for your interest in Navy Family Housing (FH), San Diego. If you are an active-duty service member with qualifying dependents assigned to Metro San Diego, you may be eligible. For Navy FH to determine your eligibility you must submit all the required paperwork with the attached document to the eligibility team at [SanDiego\\_Housing@us.navy.mil](mailto:SanDiego_Housing@us.navy.mil) **Do not send an incomplete housing application**

A complete housing application packet must contain the following:

• **Official San Diego Permanent Change of Station Orders** – If your PRD and/or your EAOS has less than six months you must provide updated San Diego orders. Letters of Intent are for planning purposes only and not official orders.

• **Official Dependency Paperwork** – All dependency paperwork must be current and officially signed/certified as requested.

- All **USN** Personnel must provide the Official NAVPERS 1070/602 that is approved with Digital Signatures in block 51 from Authorized Officials.
- All **USMC** Personnel must provide their NAVMC 10922/RED or DD 1172-2 with Digital Signatures in Section IV from Verifying Officials.
- **USA** and **USAF** Personnel must provide their DD 1172-2 with Digital Signatures in Section IV from Verifying Officials.
- **USCG** Personnel must obtain a DD-1747 from the Coast Guard Office or call 330-327-5079 **prior** to submitting your application packet.

• Latest Leave and Earning Statement

• Service members and/or spouses who have joint legal and primary physical custody of dependent children for at least six months or greater than 50% of the time will be considered for appropriate bedroom eligibility.

**Legal** proof of custody is a finalized divorce decree or finalized court issued custody paperwork. There are no exceptions.

• Priority Assignment for Family Housing supporting documentation such as EFM letter and/or Wounded Warrior letter/orders.

• Proof of Pregnancy with estimated date of birth AND signed by a healthcare professional.

• Dual Military Couples – Provide all documentation for both service members **REGARDLESS** of co-location status. (PCS orders and dependency paperwork)

• Families in the midst of marital separation and/or divorce may not be eligible for Navy FH. Final determination is based on court issued custody documents provided.

\*\*\*\*\* Please include the following information in Section III of the DD Form 1746 \*\*\*\*\*

- Complete section 14a, 14b and 14d Spouse's name, email address and phone number
- Complete section 14c, 14e, 14f and 14g if spouse is in military

# HOW TO FILL OUT THE DD FORM 1746

Please fill out according the instruction below.

(Updated 20260113)

OMB No. 0704-0705  
Expires 20290131

(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)

## SECTION I - APPLICANT INFORMATION

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Collection (0704-0705), Washington, DC 20503. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

### 1. TYPE OF HOUSING PREFERENCE (X as applicable) (See instructions for definitions)

Community Housing  Privatized Housing  DoD Owned/Leased Housing

### 2. APPLICANT/SPONSOR

a. NAME (Last, First, Middle Initial) b. PAY GRADE c. DoD ID d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT

### 3. MARITAL STATUS (X one)

Married  Single  Single with Dependent(s) (less than 50% time with)  Single with Dependent(s) (50% or more time with)

4a. CURRENT ADDRESS (Street, City, State/Country, ZIP Code)

4b. CONTACT EMAIL ADDRESS(ES) (Duty Preferred; Personal Optional)

### 5. TELEPHONE NUMBERS (Include Area Code)

TEXT TO CELL PERMITTED? (X if yes)

a. HOME b. DUTY (DSN or Commercial) c. CELL PHONE

### 6. STATUS OF APPLICANT (X one)

Military Member  Military Spouse  DoD Civilian

### 7. SEPARATED FROM DEPENDENTS (X one)

Voluntarily  Involuntarily  N/A

### 9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA)? (X one)

No  Yes (If Yes, be prepared to show the POA)

10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM

11a. INSTALLATION/ORGANIZATION TRANSFERRED TO

10b. LOSING UIC

11b. GAINING UIC

## SECTION II - MEMBER INFORMATION

12. DATES (Enter dates in DDDMMYYYY format)

		(1) Member	(2) Dual Military Spouse			(1) Member	(2) Dual Military Spouse
a.	Date of Rank			g.	Date of Birth		
b.	Date Entered Active Service			h.	Date of Marriage		
c.	Expiration of Obligated Service (EOS)			i.	Projected Rotation Date (PRD)		
d.	Official Departure Date from losing duty station			j. Special Housing Needs (wounded warrior, medical provider, etc.)			
e.	Official Report/Arrival Date at gaining duty station						
f.	Estimated Family Arrival Date						

### 13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT b. DATE (DD/MM/YYYY)

## SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT (If applicable)

14a. NAME (Last, First, Middle Initial) 14b. CONTACT EMAIL ADDRESS 14c. DoD ID

14d. CELL PHONE NUMBER TEXT TO CELL PERMITTED? (X if yes)

14e. INSTALLATION/ORGANIZATION 14f. UIC 14g. PAY GRADE

## SECTION IV - DEPENDENT INFORMATION

15. AUTHORIZED DEPENDENTS RESIDING WITH ME (Continue on plain paper if more space is needed.)

a. Name (Last, First, Middle Initial)	b. Date of Birth (DDMMYYYY)	c. Sex	d. Relationship	e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)

15a-e. Add your Bona fide Dependents. If **Dual Military** add your spouse as a dependent (if co-locating). If you or spouse is Pregnant add **SVM Last Name, Baby** in block 15 as a dependent and put the EDD in Date of Birth (DOB). You must provide a **Pregnancy Letter** to verify by HSC Staff that you or spouse are pregnant. (Dependents must be in your Dependency Paperwork)

1746, JAN 2026  
EDITION IS OBSOLETE.

EDCON

3. Mark X Married, Single or Single w/ Dep.  
4a. If no Current Address use your Home address.

10a. Last Duty Station  
10b. **five** numbers (it's on your orders).

13a. Service Member Signature (**Must be digital or wet ink**).  
(By signing authorized to give to LMH).  
13b. Date.

**Section III: Mil Spouse or Dual-Mil App**  
Fill out 14a, 14b and 14d if Spouse is a civilian.  
Fill out 14a-14g if spouse is in a military.

4a. Personal Email and Work Email (if any).  
5c. Cell Phone#.

11a. New Duty Station.  
11b. **five** numbers (it's on your orders).

**Section II: Member Info**  
12a. Date Rank.  
12b. Join Date.  
12c. EAOS.  
12d. Detached Date.  
12e. Report Date.  
12f. Arrival Date.  
12g. DOB.  
12h. Marriage Date.  
12i. PRD (it's on your orders).  
12j. Wounded Warriors, EFMP, etc.

# HOW TO FILL OUT THE DD FORM 1746

Please fill out according the instruction below.

CUI (when filled in)

**SECTION V - COMMUNITY HOUSING / HOUSING DESIRED**

16. **COMMUNITY HOUSING DESIRED** (X as applicable)

Purchase House       Rent House       Short Term  
 Purchase Condominium       Rent Apartment / Condominium       Other

17. **MINIMUM PREFERENCES** (X and complete as applicable)

a. Furnished (X one)      b. Number of Bedrooms      c. Number of Full Baths      d. Number of Bathrooms

Yes       No

18. **SERVICE ANIMAL** (X and complete as applicable)

a. Have? (X one)      b. Number of Service Animals      c. Type(s) of Service Animals      d. If Dog, Breed

Yes       No

19. **PETS** (X and complete as applicable)

a. Have Pets? (X one)      b. Number of Pets      c. Type(s) of Pet(s)      d. If Dog, Breed(s) and

Yes       No

20. **DATE HOUSING NEEDED** (DD/MM/YYYY)      21. **LOCATION PREFERENCE(S)**

23. **REMARKS**

**SECTION VI - HOUSING REFERRAL CERTIFICATE**

24. I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I have reviewed the listing. (Initial the applicable box)

Yes       No       N/A

25. I have been (1) briefed on the services provided by the Military Housing Office on the DoD program on equal opportunity for military personnel in international, state and local laws. In addition, if any facility refuses to rent to me or against, I will promptly notify the Military Housing Office who will advise me. (Initial the applicable box)

Yes       No

**SECTION VII - SIGNATURE AND DATE**

26a. **SIGNATURE OF APPLICANT**      26b. **DATE** (DDMMYYYY)

**SECTION VIII - DISPOSITION (To be completed by the Gaining Military Housing Office)**

27. **APPLICATION PLACEMENT**

a. APPLICATION RECEIVED (DDMMYYYY)      b. APPLICATION HOUSING TYPE PLACEMENT (X one)

Community

c. NUMBER OF BEDROOMS AUTHORIZED      d. OFFICE (DDMMYYYY) (if applicable)

e. APPLICANT PLACED ON WAITING LIST (X one)

Yes       No

f. CATEGORY

h. DATE UNIT ASSIGNED (DDMMYYYY)      i. ASSIGNED TO (DDMMYYYY)

k. GAINING MILITARY HOUSING OFFICE (Signature)

16 and 17a-d. Please mark and fill out, if interested in the **Rental Partnership Program (RPP)**. See Note1. If not interested, leave it blank.

18a-d. Please fill out if your pet is an ESA/Service Animal. You must provide an ESA or Service Animal Letter.

19a-d. Please fill out if you have any pets.

20. Date Housing Needed.

21. Location Pref, choose from the Wait Times.

23. Please write the following info:

**1. Spouse's Phone #.**

**2. Spouse's Personal Email**

**Note1:**

The **RPP (Rental Partnership Program)** is a housing program designed to support Service Members by offering access to affordable off-base housing. For more information please email [rpp.swhousing.fct@navy.mil](mailto:rpp.swhousing.fct@navy.mil) or call 619-556-8443.

24. Initial "N/A"

25. Initial "Yes"

26a. Service Member Signature **(Must be digital or wet ink).**

26b. Date.

**Note2:**

**POWER OF ATTORNEY (POA)** – When a spouse has Power of Attorney (POA), they can act on behalf of the Service Member to fill out the DD Form 1746 and the Sex Offender Form. While completing the form, the Sponsor Name, initials, and signature should all belong to the Service Member. When signing the document, the spouse must write the Service Member's signature followed by their own initials to indicate they are signing under the POA.

See Example below:

POA by SP

*John Doe*

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> <i>(Please read Privacy Act Statement and Instructions on Page 3 before completing form.)</i>	OMB No. 0704-0705 Expires 20290131
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**SECTION I - APPLICANT INFORMATION**

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**

**1. TYPE OF HOUSING PREFERENCE** *(X as applicable) (See Instructions for definitions)*

Community Housing     
  Privatized Housing     
  DoD Owned/Leased Housing

**2. APPLICANT/SPONSOR**

a. NAME <i>(Last, First, Middle Initial)</i>	b. PAY GRADE	c. DoD ID	d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT
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**3. MARITAL STATUS** *(X one)*

Married     
  Single     
  Single with Dependent(s) *(less than 50% time with)*     
  Single with Dependent(s) *(50% or more time with)*

<b>4a. CURRENT ADDRESS</b> <i>(Street, City, State/Country, ZIP Code)</i>	<b>4b. CONTACT EMAIL ADDRESS(ES)</b> <i>(Duty Preferred; Personal Optional)</i>
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<b>5. TELEPHONE NUMBERS</b> <i>(Include Area Code)</i>	<b>TEXT TO CELL PERMITTED?</b> <i>(X if yes)</i>
a. HOME	b. DUTY <i>(DSN or Commercial)</i>
c. CELL PHONE	

**6. STATUS OF APPLICANT** *(X one)*

Military Member     
  Military Spouse     
  DoD Civilian     
  Local / Foreign National

<b>7. SEPARATED FROM DEPENDENTS:</b> <i>(X one)</i>	<b>8. REQUEST HOUSING FOR:</b> <i>(X one)</i>
<input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily <input type="checkbox"/> N/A	<input type="checkbox"/> Self and Dependents <input type="checkbox"/> Self Only

**9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT)** *(X one)*

No     
  Yes *(If Yes, be prepared to show the POA when applying for housing.)*

<b>10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>	<b>11a. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>
<b>10b. LOSING UIC</b>	<b>11b. GAINING UIC</b>

**SECTION II - MEMBER INFORMATION**

<b>12. DATES</b> <i>(Enter dates in DDMMYYYY format)</i>	(1) Member	(2) Dual Military Spouse	<i>(Enter dates in DDMMYYYY format)</i>	(1) Member	(2) Dual Military Spouse
a. Date of Rank			g. Date of Birth		
b. Date Entered Active Service			h. Date of Marriage		
c. Expiration of Obligated Service (EOS)			i. Projected Rotation Date (PRD)		
d. Official Departure Date from losing duty station			j. Special Housing Needs <i>(wounded warrior, medical provider, etc.)</i>		
e. Official Report/Arrival Date at gaining duty station					
f. Estimated Family Arrival Date					

**13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA**  
 I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.

a. SIGNATURE OF APPLICANT	b. DATE <i>(DD/MM/YYYY)</i>
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**SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT** *(If applicable)*

<b>14a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>14b. CONTACT EMAIL ADDRESS</b>	<b>14c. DoD ID</b>
<b>14d. CELL PHONE NUMBER</b>	<b>TEXT TO CELL PERMITTED?</b> <i>(X if yes)</i>	
<b>14e. INSTALLATION/ORGANIZATION</b>	<b>14f. UIC</b>	<b>14g. PAY GRADE</b>

**SECTION IV - DEPENDENT INFORMATION**

**15. AUTHORIZED DEPENDENTS RESIDING WITH ME** *(Continue on plain paper if more space is needed.)*

a. Name <i>(Last, First, Middle Initial)</i>	b. Date of Birth <i>(DDMMYYYY)</i>	c. Sex	d. Relationship	e. Remarks <i>(Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)</i>
		<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 V - COMMUNITY HOUSING / HOUSING DATA**

**16. COMMUNITY HOUSING DESIRED** (*X as applicable*)

<input type="checkbox"/> Purchase House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Short Term	Other Details:
<input type="checkbox"/> Purchase Condominium	<input type="checkbox"/> Rent Apartment / Condominium	<input type="checkbox"/> Other	

**17. MINIMUM PREFERENCES** (*X and complete as applicable*)

a. Furnished ( <i>X one</i> )	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**18. SERVICE ANIMAL** (*X and complete as applicable*)

a. Have? ( <i>X one</i> )	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**19. PETS** (*X and complete as applicable*)

a. Have Pets? ( <i>X one</i> )	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**20. DATE HOUSING NEEDED** (DD/MM/YYYY)    **21. LOCATION PREFERENCE(S)**    **22. PRICE RANGE**

**23. REMARKS**

**SECTION VI - HOUSING REFERRAL CERTIFICATE**

**24.** I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list.

(Initial the applicable box)     Yes     No     N/A

**25.** I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.

(Initial the applicable box)     Yes     No

**SECTION VII - SIGNATURE AND DATE**

<b>26a. SIGNATURE OF APPLICANT</b>	<b>26b. DATE</b> (DDMMYYYY)
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**SECTION VIII - DISPOSITION** (*To be completed by the Gaining Military Housing Office*)

**27. APPLICATION PLACEMENT**

a. APPLICATION RECEIVED (DDMMYYYY)	b. APPLICANT HOUSING TYPE PLACEMENT ( <i>X one</i> )		
	<input type="checkbox"/> Government Owned	<input type="checkbox"/> Government Leased	<input type="checkbox"/> Privatized <input type="checkbox"/> Community
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE (DDMMYYYY) ( <i>if applicable</i> )		
e. APPLICANT PLACED ON WAITING LIST ( <i>X one</i> )	f. WAITLIST ELIGIBILITY DATE (DDMMYYYY)	g. WAITLIST GRADE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
h. DATE UNIT ASSIGNED (DDMMYYYY)	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE ( <i>Signature</i> )			l. DATE SIGNED (DDMMYYYY)

**COMMANDER, NAVY INSTALLATIONS COMMAND  
SEX OFFENDER POLICY ACKNOWLEDGEMENT & DISCLOSURE**

**Privacy Act Statement**

Authority: 10 U.S.C. § 5013; 10 U.S.C. § 5041; 10 U.S.C. § 2831; 10 U.S.C. 113, Secretary of Defense; DoD 4165.63-M, DoD Housing Management; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 5200.08-R, Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos); Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files; and E.O. 9397 (SSN), as amended. System of Records Notice DMDC 16 DoD, Identity Management Engine for Security and Analysis (IMESA); and E.O. 9397. Principle Purposes: To determine an individual's eligibility for Navy housing; including privatized housing. Routine Uses: Used by region and installation housing office personnel to determine eligibility for Navy housing and by private partners who operate privatized Navy housing for management and operational purposes. Disclosure: Voluntary; however, failure to provide the requested information may impact eligibility for Navy housing, including privatized housing

**POLICY STATEMENT: In accordance with OPNAVINST 1752.3, to the maximum extent permitted by law or otherwise waived by Commander, Navy Installations Command, or the Chief of Naval Personnel (CNP), sex offenders are to be identified & prohibited from accessing Navy facilities and occupying Navy owned, leased, or PPV housing.**

Sex Offender Definition: Any person convicted of a criminal offense requiring registration per the National Guidelines for Sex Offender Registration and Notification Act (SORNA) (42 U.S.C. §§ 16901-16962).

NOTICE OF REQUIREMENT TO DISCLOSE

INITIAL

- |  |  |
|--|--|
| 1. Military sponsors requesting assignment to Navy owned, leased, or privatized housing are required to sign this acknowledgment and disclosure form.  |  |
| 2. Occupancy of Navy owned, leased, or privatized housing will not be approved for otherwise eligible applicants if the applicant, any authorized dependent, or live-in aide residing in the home is a sex offender.   |  |
| 3. Anyone discovered to be a sex offender in the application process shall be denied access to Navy owned, leased, or privatized housing.  |  |
| 4. Anyone found to be a sex offender after taking occupancy may lose the privilege of residing in Navy owned, leased, or privatized housing, may be barred from the installation, and/or may be evicted. If eviction occurs you may be responsible for all relocation expenses.  |  |
| 5. The Installation or Region Housing Program Director will immediately forward information regarding identified sex offenders to the Installation N3, N9 and supports SJA/OGC offices, to include a copy of the applicant's DD 1746 and this form. All information will be forwarded to CNIC within two working days. |  |
| 6. Anyone found to have falsely certified this Acknowledgment shall be referred for barment or eviction, as appropriate, and may be responsible for relocation expenses.   |  |
| 7. Denial of an application for assignment to Navy owned, leased or privatized housing under the applicable policy, may be appealed to the Region Commander via the military sponsor's chain of command.   |  |

**CERTIFICATION:** I have read and understand the above policy. By my signature below, I certify that under a penalty of administrative action and/or prosecution for making a false official statement in violation of 18 U.S.C § 1001 and/or the Uniform Code of Military Justice, Article 107, that neither I nor any person living in my household is a registered/convicted sex offender. I understand that I am required to notify the Navy's Housing Office and the Installation Security Office immediately if circumstances change so that this certification is no longer true.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Command