

MCB Hawaii Family Housing Applicant’s Statement of Understanding (SOU)

Reference: MCBH BO 11101.35 – Family Housing Management (please initial each line item and sign below):

_____ I understand that in accordance with MCO 11000.22, the date of receipt of completed family housing application will determine my control date. I also understand that if I submit an incomplete application, the date of receipt of the final document will be used by the Family Housing Office (FHO) as my control date.

_____ I understand that I will be required to report to the FHO within three (3) working days after checking-in to my command/unit if I’m eligible for Temporary Lodging Allowance (TLA) in accordance with the BO 7220.1. Please contact the TLA Office at (808) 257-2198 for additional information regarding TLA program and eligibility.

_____ I understand that I need to check-in with FHO prior to making living arrangements to reside in the civilian (off-base) community. I am hereby cautioned that failure to comply with this requirement may result in the forfeiture of TLA and loss of government paid local move entitlement in the future.

_____ I understand that my housing application will be referred to our Public-Private Venture (PPV) partner upon verification of my eligibility for family housing. I also understand that projected wait times are estimates and subject to change. I understand I cannot be guaranteed a specific address or floor plan. I understand when offered PPV housing, I have 48 hours to accept or to decline (96-hours allowed for Manana housing offer). Priority-2 applicants are allowed to decline two housing offers before being removed from the PPV wait list.

_____ I am required to keep the FHO advised of any changes to my application (i.e., lease expiration, projected arrival, new address, phone numbers, e-mail address change, promotion, demotion, divorce, separation, or any event that may impact housing eligibility or Basic Allowance for Housing (BAH) entitlement). I understand that rent for PPV housing is equal to my BAH with dependents rate for my paygrade.

_____ I understand I will not be eligible to reapply for larger quarters if I accept smaller quarters than those to which I am entitled to; unless my current family composition changes.

_____ **Pet Policy:** Pet ownership at MCB Hawaii and PPV housing: 2 pets, either dogs and/or cats. Pit Bulls (American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier), Rottweiler’s, any Wolf Hybrid, or any mix of the aforementioned breeds, are not permitted in PPV housing or aboard any USMC installation IAW MCO 11000.22. I also understand that any damages caused to the unit or grounds by my pet(s) are my responsibility. Will you be transporting an animal when you PCS to Hawaii? Yes _____ No _____

DESCRIPTION OF ANIMAL (1):			
Type of Animal:	Name of Animal:	Breed:	Weight:
Birth Year:	Color:	Gender:	Microchip #:
Service Animal: YES NO	Additional Comments:		
DESCRIPTION OF ANIMAL (2):			
Type of Animal:	Name of Animal:	Breed:	Weight:
Birth Year:	Color:	Gender:	Microchip #:
Service Animal: YES NO	Additional Comments:		

_____ Assignment to PPV housing is not a valid reason for breaking an off-base lease. If I inform FHO and PPV that I have a lease agreement, and have provided a copy, I will maintain my position on the PPV wait list.

_____ I understand that failure to comply with applicable Marine Corps Orders (MCO), Base Orders (BO), and PPV Lease Agreement may jeopardize my eligibility for privatized housing at MCB Hawaii.

Service Member’s Printed Name and Signature:

_____ Date: _____