**BAH Wait List Application**

**PRIVACY ACT STATEMENT**

**Information contained herein is Personally Identifiable Information and will not be disclosed to the public without the consent of the individual per AFI 33-332 Para 6.4.**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_

Rank / Pay Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DODID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duty Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Squadron/Office Symbol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dorm / Room #: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

Present a copy of your SURF from AMS or vMPF for your First Sergeant’s viewing.

**Supervisor Information:** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Squadron/Office Symbol: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Duty Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle One – Approve / Disapprove**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

**By approving, you are recommending this Airman to be placed on the BAH wait list (per approval of the CCF) and be granted a BAH offer when their DOR is within range. This is not a BAH offer.**

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**Airman and Family Readiness Center** – Call 687-7132 to schedule a budgeting appointment. Please bring a copy of your most recent end of month LES.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFRC Budgeting Consultant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Sergeant’s signature is required for date of rank and TAFMSD verification from the alpha roster)

**Dorm Resident Rank:** \_\_\_\_\_\_\_\_

**Date of Rank (DD/MMM/YY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TAFMSD (DD/MMM/YY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One – Approve / Disapprove**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Sergeant Signature / Print Date

**By signing above you are authorizing the member to be placed on the BAH wait list. When the occupancy rate reaches >95% you will be reengaged for authorization for member to receive a BAH offer. Listing will be maintained by seniority according to AFI 32-6005. Questions should be referred to Dorm Management at 687-5662.**

**AFTER COMPLETING THIS APPLICATION, PLEASE RETURN IT TO THE AIRMAN’S RESPECTIVE DORM MANAGEMENT OFFICE.**

**UH DATE RECEIVED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ADL INITIALS:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **EMH UPDATED ON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_