

Military Application Form

Office Use Only			
Michaels Rep. Signature	— Arrival Date	Eligibility Date	Rent Amount
			Key & Essential Staff?

Date & Time Added

No

Name of Service Mem	her[last First MI]			Date	of Birth		
Name of Service Mem		Date of Birth					
Current Street Address	5		City		State	Zip C	ode
						Gender:	
Cell Phone	Home Phone	Work P	hone	Social Sec	urity	Male	Female
Civilian Email Address			Governm	ent Email Addres	5		
			Marital S	tatus:			
			- Married	Single	Unaccomp	panied Perso	nnel
'ay Grade/Rank Da	te of Rank Brar	ich of Service					
		Military Status:					
		Military Status: — Active Duty	Reserve	National Guard	Foreign IN	MET For	eign FM
Petachment Date	Desired Move-In Date	Active Duty	Reserve	National Guard	Foreign IN	MET For	eign FM
Detachment Date	Desired Move-In Dat	Active Duty	Reserve	National Guard	Foreign IN	MET For	eign FM
		Active Duty					reign FM
		Active Duty		National Guard			reign FM
nstallation/Organizatio	on Transferred From	Active Duty					reign FM
nstallation/Organizatio	on Transferred From	Active Duty					reign FM
nstallation/Organization	on Transferred From	Active Duty	Installatio		ansferred To/N		reign FM
nstallation/Organization Which village are you	on Transferred From interested in?	Active Duty	Installatio	n/Organization Tr	ansferred To/N		reign FM
nstallation/Organization Which village are you Wescoat Shen	on Transferred From interested in?	Active Duty	Installatio	n/Organization Tr	ansferred To/N		reign FM
nstallation/Organization Which village are you Wescoat Shen Pet Information	on Transferred From interested in? andoah Square	Active Duty	Installatio	n/Organization Tr	ansferred To/N		reign FM
nstallation/Organization Which village are you Wescoat Shen Pet Information Do you have, or plan	on Transferred From interested in? andoah Square on getting, pets?*	Active Duty	Installatio	n/Organization Tr ou hear about us	ansferred To/N	Military Unit	
Pet Information Do you have, or plan Yes No	on Transferred From interested in? andoah Square on getting, pets?*	Active Duty e Camp Parks	Installatio	n/Organization Tr ou hear about us d, up to 2 pets. S	ansferred To/N	Military Unit	rictions.

Waitlist Category

Vehicle Info	rmation											
Year	Make		Model		Col	Color		License Plate Number State				
Year	Make		Model			Color		License Plate Number Si			State	
Dependent	: Information											
Spouse												
Dual Military?	Yes No Ra	ank: —	Date of Rank:			ank:			_			
Name [Last, First, M.I.] Pho		Phon	ne Email		il			Gender	er Date of Birth		Social Security #	
Other Depende	ents Residing with Servi	ce Mer	mber									
Name [Last, First, M.I.]			Relationship		Gender Date of Birth		th	Social Security Number				
•	nyone listed on the appl				·					y? Yes	S No	
-	nyone listed on the appl	ication	ever been conv	ictea c	of more tha	an one misde	emear	ior: Yes	No			
Emergency Contact Information Name [Last, First, M.I.]			Relationship F		Phone	none		Address				
applicant's kno	application, it is confirrowledge. The applicantion, it could result in terr	unders	stands and agre	es tha	t if it is la							
Service Member(s) Signature							 Da	Date				
Email the co	ompleted application an		quired documen						propriate Leas	ing Of	fice below:	

Camp Parks: campparksapps@tmo.com