



APPLICATION FOR HOUSING

Email completed application to fhc@tmo.com

Questions? Call (913) 682-6300

Section I Applicant Information

How did you hear about us: ___ Web ___ Housing Office ___ Sponsor ___ Current Resident ___ Other _____

Military Member's Info (Highest Ranking):

EDIPI NUMBER:	Social Security #:	Last Name:	First Name:	MI:	
Address: (previous or home of record)		City:	State:	Zip Code:	Past Installation:
Branch of Service:	Rank/Grade:	Date of Rank:	Date of Birth:	Gender:	Incoming Unit Assignment:
Primary Phone Number:	Secondary Phone:	Non-military Email ~Primary communication method with FLFHC:			
Secondary Email:		Date Housing Needed:		Date Clearing Prior Installation:	

Section II Household Data (Proof of Dependent Status and Eligibility Required)

Dependents residing with military member: Please provide SSN for dual military member ONLY.

Last Name	First Name	M.I.	Relationship	Gender	D.O.B.	S.S.N.
				☐ M ☐ F		
				☐ M ☐ F		
				☐ M ☐ F		
				☐ M ☐ F		
				☐ M ☐ F		
				☐ M ☐ F		

Additional Information

Village Preference: #1	#2	#3
Pets?: (maximum 4 pets) How Many? _____ Type/Breed: _____		Status of Applicant: ___ Married ___ Divorced ___ Single ___ *GEO Bach ___ Dual Military: ___ Yes ___ No
Do you or your dependents require any special accommodations? ___ No ___ Yes: _____ *If yes, please provide management with additional information regarding your special housing needs.		

Emergency Contact

Name	Address	City, State, Zip	Phone
------	---------	------------------	-------

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:			

03312021

How to Submit Application

Email: fhc@tmo.com

Mail: Fort Leavenworth Frontier Heritage Communities (FLFHC), P.O. Box 3387, Fort Leavenworth, KS 66027

Or Fax: (913) 758-1779