

Please read and initial in spaces provided below. Sign and forward by mail or fax to:

Mail:	U.S. Naval Air Station	Phone: Com	011-354-425-6123
	PSC 1003 Box 81	DSN	450-6123
	FPO AE 09728-0381	Fax: Com	011-354-425-2006

_____ I certify that the family members listed on my Application for Assignment to Military Family Housing (DD Form 1746) are accompanying family members **who will reside with me for nine consecutive months or more each year.**

_____ **I understand that my housing assignment is mandatory and I can not decline my quarters assignment since all military personnel are required to live on base.** I also understand that quarters are small and my housing assignment is not made to accommodate the size of my furniture or any other personal desires but is based solely on family composition and entitlement as outlined in OPNAVINST 11101.13 and NASKEFINST 11101.13.

_____ I understand that I may submit an exception to policy letter requesting relocation and relocation is based on availability of quarters as determined by the housing office. Approved relocations are contingent on a satisfactory housekeeping inspection and if I fail the inspection, I will not be allowed to relocate. Once relocation is approved, the housing office will assign designated quarters and I understand that if I decline the assigned quarters, I will be removed from the wait list and will not be eligible to reapply for relocation.

_____ I understand that having a waterbed or excess furniture does not guarantee assignment to a unit that will accommodate such. In these cases, it is recommended to store the waterbed or excess personal possessions in CONUS.

_____ I am aware that housing in Keflavik is multi-family and nearly all is stairwell living containing between four and ten families per stairwell. I further understand that the housing office cannot guarantee the quarters I am assigned to were not previously occupied by a family that smoked or had pets, and these conditions may aggravate allergies, asthmatic conditions or sensitivity to noise.

_____ I am required to keep the housing office advised of any changes in my application (i.e., family members, PRD, rank/rate, etc.).

_____ I fully understand, if there are charges owed for damages beyond normal wear and tear and I do not willingly accept responsibility for payment, a DD 139 (automatic payment deduction) may be forwarded to my command for collection.

_____ I am not shipping weapons in my household goods shipment and fully understand that I must comply with COMICEDEFORINST 2060.1-STD pertaining to possession and use of weapons in Iceland.

Applicant's **PRINTED** Name and **SIGNATURE**

Date