



Welcome to Harbor Bay at MacDill!

Thank you for your interest in our on base family housing community. To apply for one of our homes, please complete and return **ALL** of the following documents by fax 813-828-2561 or email MacDill.Housing@us.af.mil:

- MacDill Privatized Housing Referral (attached). Please fill out the top half only.
- Application for Assignment to Housing form DD1746 (attached).
- Military Orders to MacDill AFB or its partners. If you are returning from a remote tour, please also include your completed travel vouchers for possible remote credit.
- Proof of Dependents: DEERS enrollment form DD1172 or if USN "page 2". This is only required if dependents are not listed by name and birth date on Military Orders.
- Government Paid Moves and Non-Temp Storage Briefing (attached).
- AF Form 4422, Sex Offender Disclosure and Acknowledgement (attached).
- MHO Pre-Move in Brief and Form, signed (attached) MHO Brief Included for this form

If a home is immediately available, you will be contacted upon receipt of your **complete** application package. Otherwise, you will be placed on the appropriate waiting list. After your package has been reviewed and entered, you may check your position on our website, www.macdillfamilyhousing.com, under the "Incoming Residents" tab. If you would like to provide additional contact means, such as your spouse's cell number or email address, feel free to add it to the remarks section of the DD1746 (application).

I understand that it is my responsibility to ensure that Harbor Bay has my current contact information. I also understand that when I am eligible for an offer I will have 24 hours to respond to Harbor Bay's attempts to contact, and if I do not respond within 24 hours the home will be offered to the next family on the list.

Signature

Date

It's another beautiful day in Harbor Bay... We're glad you're here!
~ Harbor Bay at MacDill Management

MacDill Privatized Housing Referral

Authorization Number: _____

LAST NAME: _____ FIRST NAME: _____ M/I: _____

PAY GRADE: _____

Branch of Service: (circle) USAF USA USN USMC USCG RESERVE GUARD

Unit: _____ Phone: _____ Duty: _____ Home: _____ Cell: _____

Proof of Dependents: PCS Orders, DEERS (DD1172), Marriage or Birth Certificate

Personal E-Mail: _____ Duty E-Mail: _____

STATUS: () Married, accompanied by family/or arrival date: _____

() Mil-to-Mil: Joint Spouse Assigned

() Single parent with custody of dependent child (documentation req'd)

() Local economy lease; lease expiration date: _____

() Arrival date: _____

() Remote credit. Application effective date: _____

I approve release by the 6 CES/CEH Housing Management Office, of all personal data to Harbor Bay Privatized Housing.

Members Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE!

CATEGORY:

ENLISTED: JNCO () SNCO () E9 Pres ()

OFFICER: CGO () FGO () SO () GO ()

BEDROOM ENTITLEMENT: 2 BDRM () 3 BDRM () 4 BDRM ()

KEY & ESSENTIAL: Yes () No () Position: _____

TARGET TENANT: Yes () No () (Category if No: _____)

1. Briefed on Local Funded Move (if applicable) Yes () No ()

2. Briefed resident on Non-Temp Storage Rules: Yes () No ()

REFERRED DATE: _____ **ELIGIBLE FOR PH:** Yes () No ()

HMO Signature: _____

This information is to be protected in accordance with AF33-332, Air Force Privacy Act Program

SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT

Attach to application for military, government-managed and privatized housing

I, (print name) _____, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, *Application for Assignment to Housing*.

POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

Signature of Applicant

Date

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <small>(X one or both)</small>	
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING REFERRAL		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <small>(Last, First, Middle Initial)</small>		3. PAY GRADE	4. SSN		5. DOD COMPONENT
6. ADDRESS <small>(Street, City, State, Zip Code)</small>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <small>(X one)</small>	
		a. HOME <small>(Area Code)</small>	b. DUTY <small>(DSN)</small>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		9. MARITAL STATUS	10. I AM SEPARATED FROM MY DEPENDENTS <small>(X one)</small>		
11. I REQUEST HOUSING FOR <small>(X one)</small>					
a. SELF ONLY		b. SELF AND DEPENDENTS		SECTION II - MILITARY CAREER INFORMATION <small>(Civilians skip to Item 15.)</small>	
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		14. DATES <small>(Enter in YYMMDD order)</small>		MILITARY APPLICANT	MILITARY SPOUSE
		a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		c. TIME REMAINING ON ACTIVE DUTY			
		d. EFFECTIVE CHANGE IN DUTY STATION			
		e. REPORT DATE			
		f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <small>(If more space is needed, continue on plain paper.)</small>					
a. NAME <small>(Last, First, Middle Initial)</small>		b. DATE OF BIRTH <small>(YYMMDD)</small>	c. SEX	d. RELATIONSHIP	e. REMARKS <small>(Handicap, health problems, expected additions to family, etc.)</small>
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <small>(X as applicable)</small>					
<input type="checkbox"/> a. PURCHASE HOUSE		<input type="checkbox"/> d. RENT HOUSE		<input type="checkbox"/> g. RENT MOBILE HOME SPACE	
<input type="checkbox"/> b. PURCHASE CONDOMINIUM		<input type="checkbox"/> e. RENT APARTMENT		<input type="checkbox"/> h. SHARE	
<input type="checkbox"/> c. PURCHASE MOBILE HOME		<input type="checkbox"/> f. RENT MOBILE HOME		<input type="checkbox"/> i. RENT ROOM	
<input type="checkbox"/> j. ROOM AND BOARD		<input type="checkbox"/> k. SUBLET		<input type="checkbox"/> l. TRANSIENT	
17. AMENITIES DESIRED <small>(X as applicable. Write number in d. and e.)</small>			18. DATE HOUSING NEEDED <small>(YYMMDD)</small>		19. PRICERANGE <small>(Community Housing)</small>
<input type="checkbox"/> a. FURNISHED		<input type="checkbox"/> e. NO. BATHS			
<input type="checkbox"/> b. UNFURNISHED		<input type="checkbox"/> f. PETS <small>(Allowed)</small>			
<input type="checkbox"/> c. AIR CONDITIONING		<input type="checkbox"/> g. OTHER <small>(Explain)</small>			
<input type="checkbox"/> d. NO. BEDROOMS					
20. LOCATION PREFERENCE <small>(Community Housing)</small>					
21. REMARKS					
Duty email address: _____					
Personal email address: _____					
Military Member's Date of Birth: _____ Do you have pets? _____					
How did you hear about Harbor Bay? _____					
Government Housing Office: _____ Harbor Bay Website: _____ Other website, please list _____ Resident Referral: _____ (name)					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <small>(YYMMDD)</small>	
SECTION V - DISPOSITION <small>(To be completed by the Housing Office.)</small>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED <small>(YYMMDD and time)</small>		b. APPLICATION EFFECTIVE <small>(YYMMDD)</small>		c. DD FORM 1747 PROVIDED <small>(YYMMDD)</small>	
d. HOUSING AVAILABILITY <small>(Boxes indicated on DD Form 1747)</small>		e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <small>(YYMMDD)</small>	
g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <small>(YYMMDD)</small>			
SECTION VI - HOUSING REFERRAL CERTIFICATE					
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED <small>(YYMMDD)</small>

APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
ROUTINE USE: None.
DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. **All items not listed are self-explanatory.** SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

Enter complete current address (*street number and name, apartment number, city, state/country and the 9-digit ZIP code*).

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

SECTION II - MILITARY CAREER INFORMATION

14. DATES (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (*May 17, 1993, would be entered as 930517*).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
- Enter your official report date (*from your PCS orders*).
- Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

SECTION IV - HOUSING DATA

16 - 21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

SECTION V - DISPOSITION (*To be completed by the Housing Office*)

24. MILITARY HOUSING

- Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- Date Unit Assigned.** Enter the date the unit was assigned.

This checklist when populated contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

MHO Pre Move-In Checklist (Military Personnel)

MacDill AFB

Resident Name _____
Cell Phone _____

- Introduce MHO team, responsibilities/services and contact information
- Resident Advocate role and contact information
- Legal Assistance Office role and contact information
- Medical concerns and contact information
- Provide Tenant Bill of Rights (Tab 3)
- Review Tenant Responsibilities (including how to report complaints, including health hazards) (Tab 4)
- Provide Dispute Resolution Trifold (Tab 6)
- Confirm current status and explain Utility Allowance Program (if applicable)
- Review procedures for submitting work orders
- Review Lease Terms (Confirm Tenant read standard Lease Materials)
- Review information regarding additional fees
- Advise to obtain Renters Insurance
- Pets
- Provide a copy of the EPA Guidance on reducing exposure to lead (Tab 8)
- Provide a copy of the EPA Guidance on Mold in the home (Tab 7)

Resident Advocate Contact:
Name: Mr. William Farnand

Phone: 813-828-4545

Email: william.farnand.1@us.af.mil

Installation Legal Services Contact:
Name: Capt Justin Mitchell

Phone: 813-828-4421

Email: 6 ARW.ja.frontoffice@us.af.mil

I confirm that I have been briefed on the above information and I understand my rights, responsibilities, and the resources available to me during my tenancy in privatized housing. A completed copy of this form was made available to me.

(Initial - Resident Signature/Date)

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MACDILL AFB MILITARY HOUSING OFFICE NEW RESIDENT BRIEF

A copy of this brief and the checklist will be provided to you so you can consult it in the future should the need arise.

Introduce MHO team, responsibilities/services, contact information

The Military Housing Office (MHO) is the office of primary responsibility for installation housing programs and an advocate on behalf of all military members and families for safe, affordable, and quality housing. We provide local oversight of the privatized housing companies operations on behalf of the Installation Commander and assist in the mediation of complaints by members associated with privatized or community housing. We are the first point of contact for all complaint resolution issues if the project owner is not responsive.

In our oversight role we have inspected the home prior to your lease and will attend the pre-lease walk through with you if requested. We also conduct quality assurance inspections on the privatized owner's activities to include maintenance and leasing operations. If you have questions please feel free to contact us.

MHO Contacts Information

6 ARW Housing Manager: Mr. Donald Deming

Location: 8414 Fortress Dr, MacDill AFB (Harbor Bay Welcome Center)

Phone number: 813-828-5406/4674

Email: macdill.housing@us.af.mil

Resident Advocate responsibilities/services and contact information

Every Air Force Base with privatized housing has a Tenant Advocate. The resident advocate assists military members and their families residing in privatized housing in developing solutions to unresolved problems, concerns and needs. They will provide consultation on landlord/tenant rights as contained in laws, privatization agreements, DoD and AF regulations when requested and take a proactive approach to ensure the concerns of military members and their families regarding privatized housing are addressed and elevated to the appropriate levels within the chain of command.

Resident Advocate Contact Information

6 ARW Resident Advocate: Mr. William Farnand

Location: 7317 Bayshore BLVD, MacDill AFB

Phone number: 813-828-4545

Email: william.farnand.1@us.af.mil

Legal Assistance Office role and contact information

The Legal Assistance Office is also available to provide assistance and counsel with regards landlord/tenant rights as contained in laws and privatization agreements and assist in resolving disputes with the landlord short of actual litigation. If the issue goes to litigation, you would need to retain outside counsel.

Legal Office Contact Information

6 ARW Legal Contact: Capt Justin Mitchell

Location: 8208 Hanger Loop Dr, MacDill AFB

Phone number: 813-828-4421

Email: 6 ARW.ja.frontoffice@us.af.mil

Air Force Housing Call Center role and contact information

In addition to these resources, the Air Force established a housing call center within the Program Management Office to help resolve resident concerns where local resources have not been able to assist or the resident feels uncomfortable approaching the local resources.

Air Force Housing Call Center Contact Information

Phone number: 1 (800) 482-6431

Medical concerns and contact information

If at any time you are having health concerns in your home, please contact your health care provider. If you feel your home may be contributing to your symptoms, please ensure you contact the maintenance call center for the Project Owner, our office and the Air Force ESOH call center. The ESOH call center will aid in connecting you with the medical assistance while we will work closely with the project owner to identify and correct any issues with the home.

ESOH Call Center Contact Information

Phone number: 1-888-232-ESOH (3764)

Email: esoh.service.center@wpafb.af.mil

Project Owner Maintenance Contact Information

Harbor Bay Facility Director: Mr. Kurt Wicker

Location: 2120 Secord Ave

Phone number: 813-840-2000

Email: kwicker@tmo.com

Tenant Bill of Rights

Providing our military families with quality, safe and healthy homes and communities is a top Air Force priority. We have worked with the privatized owners to establish a Tenant Bill of Rights that formalizes rights you have as a tenant. Please take a moment and read over these rights. Feel free to ask any questions.

Tenant Responsibilities

It is not just the Privatized Owner that has obligations, you as a tenant also have certain obligations and responsibilities as a party to the lease. In addition to paying your rent, you are expected to notify maintenance when for anything that breaks in the home, keep the home clean, maintain the grounds around your home, keep walkways clear, and abide by pet and noise policies. Additionally, you are not permitted to make modifications to the home without written permission from the privatized owner and are expected to pay for any damages to the home that are not fair wear and tear to include any damages caused by your family, guests or pets. As we go through the lease, we will point out those responsibilities in more detail. Additionally, the leasing team for the privatized housing will provide you a resident's guide outlining these responsibilities.

Dispute Resolution Resources

While we always hope your tour will go without any issues with your landlord, disputes do occur. Our role along with others in the housing delivery team is to resolve these disputes quickly at the lowest level without costly litigation. We have provided a Trifold for you that outlines resources to assist in resolving Disputes often go through ever increasing levels of elevation until resolved.

In general the when you are having an issue and are not satisfied:

- 1) Raise the issue to the Privatized Owner's Property Management Office
- 2) Elevate dispute to the Community Director
- 3) Submit dispute to the MHO
- 4) Elevate dispute through Chain of Command to include Resident Advocate and Legal Office
- 6) Elevate to Air Force 1-800 Helpline
- 7) Seek Independent Legal Counsel

Steps 3 and 4 in the process may seem lengthy as it may invoke a formal dispute resolution process which may include the withholding of rent from the project owner and a series of demand letters.

Confirm current status and explain Utility Allowance Program

The Utility Allowance Program is designed to ensure residents of privatized housing pay for their actual usage of utilities. The UA is set based on average consumption of homes with similar characteristics. If you use more than the average consumption of your group, you will be required to pay, if you use less, you will receive a refund. The payments or refunds are always

based on your actual usage. Due to concerns over the accuracy of the metering, the program was suspended effective Jan 31, 2020. The Air Force plans to restart the utility allowance program on an installation basis as soon as it can meet the OSD standards for recertification.

Review procedures for submitting work orders

As mentioned earlier it is the lessee's responsibility to call in maintenance issues to ____813-840-2000__ as soon as the problem is evident. Failure to call could result in member's liability for damages. Please read and understand the Permission to Enter (PTE) form that is included in your lease. The form explains the process for the Project Management maintenance team to enter the home to do repairs etc. You can also input work request electronically through the project owners on-line portal. That information can be found in your resident's guide.

Review/Discuss any Questions Regarding the project's Standard Military Lease

Leases can be very confusing. They are legal documents and as such are often full of legalese that you may not understand.

Renters Insurance

We highly advise you to obtain renter's insurance. This insurance is fairly cheap, but important to protect you should any damage occur through negligence such as unattended cooking causing a house fire. Policies also generally cover damage to your possessions from acts of God such as tornado's or hurricanes. While the project owner has insurance to cover repairing the premises, they generally do not cover your possessions or damage caused by tenant negligence. Most policies also provide liability insurance should a guest be injured on the property or your pet causes injury. Some policies even cover pet damage to the premises.

Pets

Pets must be approved by the Project Owner and will require a pet addendum. Some breeds may not be permitted in the housing area. If you obtain a pet after lease signing, you must still notify the landlord of the pet and complete the pet addendum. You are responsible for the conduct of your pets and any damage they cause.

GOVERNMENT PAID MOVES & NON-TEMP STORAGE BRIEFING

Today's dynamic fiscal environment requires us to continuously reassess our ability to fund local moves from the community into privatized housing. There are limited government funds currently available to pay for the movement of household goods from the local community onto the installation; however there is no guarantee funds will be available in the future.

Service members who make the personal choice to apply for and accept privatized housing on the installation should do so fully understanding that government funds may not be available to pay for household goods shipment or fund Non-Temporary Storage when moving into housing.

Service members who are required or directed to reside on the installation for reasons of military necessity (Key and Essential Personnel) will continue to have their household goods moved on base using government funds.

Authorization of these funds can only be approved by the Housing Management Office (HMO) and not Harbor Bay Property Management. Be sure to visit the HMO at 8414 Fortress Drive or call 813-828-5404 if you have any questions or to determine your eligibility.

By signing below I acknowledge that I have been briefed on the funding for local moves and Non-Temporary Storage.

Name (print) _____ Date: _____

Signature _____