

## Camp Pendleton Housing Office

### Application Instructions

Applications for Family Housing are accepted from **0730 to 1700, Monday through Friday** at the Joint Housing Office, 98 San Jacinto Road located near the main gate and the base hospital.

All application forms with a signature block require a full signature or can be digitally signed. Service members can use their Common Access Card (CAC) from a government computer to digitally sign all application forms.

To rate a local courtesy move, you must submit your application within 30 days of your arrival to duty station.

To submit a Housing Application, provide the following documents listed below as they apply for your situation:

1. [DD Form 1746](#) (Application for Assignment to Housing) and Email Address (block 21)
2. Web Orders or Command Letter if attached to Camp Pendleton more than 30 days -- Link to example Command Letter
3. Dependency Verification (Marines - **NAVMC 10922**, Navy - **NAVPERS 1070/602 Page Two**, Other Branches - **DD93 Record of Emergency Data**).
4. A copy of your last **LES** is required to be submitted by all service branches, except for Marine Corps personnel.
5. [Public Private Venture](#) (PPV) Selection Form - Choose either Liberty Military or Hunt Military Housing
6. [Privacy Act Release Form](#)
7. [Registered Sex Offender Policy and Disclosure Form](#) - Choose appropriate "Yes" or "No"
8. [Fire and Window Safety Awareness Brochure and Form](#) -- Please read the brochure and sign the form at the end.
9. [Window Cord Safety Form](#)
10. [Pet Disclosure Policy](#)- Provide all general information regarding your pets (type, breed, pet names, weight, gender and color) on your DD1746 Housing Application Remarks (block 21) there is a pet limit of 2 pets per household. For the safety of your pets, Be aware of the diverse wildlife population aboard Camp Pendleton.
  - a. MCO PII000.22 Ch 3 released 14Jul 2014 prohibits full or mixed breeds of Pit Bull type dogs, Rottweilers, and Canid/Wolf Hybrids aboard Marine Corps installations. These animals are not permitted in Base Family Housing. According to Base Order P11101.31B Ch 4 all authorized pets must be registered with Domestic Animal Control (DAC) within 30 days of move-in. You may contact **(760) 725-0820** for information
11. [Firearm Disclosure Policy](#)- Per MCO PII000.22 Ch 2 released 14Jul 2014, all privately owned weapons or firearms must be registered with the Provost Marshal's Office (PMO) within 72 hours of move-in. You may contact **(760) 725-0819** for more information.

12. [Plain Language Acknowledgement Form](#) (This form needs to be completed by the Military member and the Spouse - please review the [Plain Language Brief Packet](#) before you sign the acknowledgement form.

**If Applicable, submit the following:**

12. Court Order Custody Paperwork or Birth Certificate - **Member or Spouse must have the Physical Custody or at least 51% custody.**
13. Verification of Pregnancy (on doctor or hospital letterhead stating due date, with signature)
14. Exceptional Family Member enrollment letter (EFMP) when applicable.
15. Power of Attorney for Spouse needed when applying for Base housing in the absence of the Military member.
16. Wounded Warriors must provide Case worker verification.
17. The Resident Energy Conservation Program (RECP) is currently in suspension until further notice.  
<http://www.pendleton.marines.mil/Family/FamilyHousing/ResidentEnergyConservationProgram.aspx>

#### **Questions or Comments**

If you have any questions or comments regarding the application process or have an issue with the forms, please email Family Housing at [pndlfamilyhousing@usmc.mil](mailto:pndlfamilyhousing@usmc.mil) or call us at: **760-725-1656**. Please allow two business days for responses.

All completed forms can be submitted via email to: [pndlfamilyhousing@usmc.mil](mailto:pndlfamilyhousing@usmc.mil) fax: **(760) 725-5559** (DSN: 365), in person at the Joint Housing Office or mailed to: **98 San Jacinto Rd - Oceanside, CA 92055**

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> (Please read Privacy Act Statement and Instructions on Page 3 before completing form.)				OMB No. 0704-0705 Expires 20290131	
<b>SECTION I - APPLICANT INFORMATION</b>					
The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at <a href="mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil">whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil</a> . Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. <b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.</b>					
<b>1. TYPE OF HOUSING PREFERENCE</b> (X as applicable) (See Instructions for definitions)					
<input type="checkbox"/> Community Housing		<input type="checkbox"/> Privatized Housing		<input type="checkbox"/> DoD Owned/Leased Housing	
<b>2. APPLICANT/SPONSOR</b>					
a. NAME (Last, First, Middle Initial)		b. PAY GRADE	c. DoD ID	d. DoD COMPONENT/MILITARY SERVICE DEPARTMENT	
<b>3. MARITAL STATUS</b> (X one)					
<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Single with Dependent(s) (less than 50% time with)	
				<input type="checkbox"/> Single with Dependent(s) (50% or more time with)	
<b>4a. CURRENT ADDRESS</b> (Street, City, State/Country, ZIP Code)				<b>4b. CONTACT EMAIL ADDRESS(ES)</b> (Duty Preferred; Personal Optional)	
<b>5. TELEPHONE NUMBERS</b> (Include Area Code)					
a. HOME		b. DUTY (DSN or Commercial)		c. CELL PHONE	
<b>6. STATUS OF APPLICANT</b> (X one)					
<input type="checkbox"/> Military Member		<input type="checkbox"/> Military Spouse		<input type="checkbox"/> DoD Civilian	
				<input type="checkbox"/> Local / Foreign National	
<b>7. SEPARATED FROM DEPENDENTS:</b> (X one)			<b>8. REQUEST HOUSING FOR:</b> (X one)		
<input type="checkbox"/> Voluntarily		<input type="checkbox"/> Involuntarily		<input type="checkbox"/> N/A	
				<input type="checkbox"/> Self and Dependents	
<b>9. DO YOU HAVE A NOTARIZED POWER OF ATTORNEY (POA) SPECIFIC TO OBTAINING HOUSING? (IF MILITARY SPOUSE APPLICANT)</b> (X one)					
<input type="checkbox"/> No		<input type="checkbox"/> Yes (If Yes, be prepared to show the POA when applying for housing.)			
<b>10a. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>			<b>11a. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>		
<b>10b. LOSING UIC</b>			<b>11b. GAINING UIC</b>		
<b>SECTION II - MEMBER INFORMATION</b>					
<b>12. DATES</b> (Enter dates in DDMMYYYY format)		(1) Member	(2) Dual Military Spouse	(Enter dates in DDMMYYYY format)	
a. Date of Rank				g. Date of Birth	
b. Date Entered Active Service				h. Date of Marriage	
c. Expiration of Obligated Service (EOS)				i. Projected Rotation Date (PRD)	
d. Official Departure Date from losing duty station				j. Special Housing Needs (wounded warrior, medical provider, etc.)	
e. Official Report/Arrival Date at gaining duty station					
f. Estimated Family Arrival Date					
<b>13. AUTHORIZATION FOR RELEASE OF PERSONAL DATA</b>					
I authorize release of personal data herein to the Privatization Housing Partner at the base where I am applying for housing.					
a. SIGNATURE OF APPLICANT				b. DATE (DD/MM/YYYY)	
<b>SECTION III - MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT</b> (If applicable)					
<b>14a. NAME</b> (Last, First, Middle Initial)		<b>14b. CONTACT EMAIL ADDRESS</b>		<b>14c. DoD ID</b>	
<b>14d. CELL PHONE NUMBER</b>		<b>TEXT TO CELL PERMITTED?</b> (X if yes)			
<b>14e. INSTALLATION/ORGANIZATION</b>			<b>14f. UIC</b>		<b>14g. PAY GRADE</b>
<b>SECTION IV - DEPENDENT INFORMATION</b>					
<b>15. AUTHORIZED DEPENDENTS RESIDING WITH ME</b> (Continue on plain paper if more space is needed.)					
a. Name (Last, First, Middle Initial)	b. Date of Birth (DDMMYYYY)	c. Sex	d. Relationship	e. Remarks (Requested exceptions, access-related modifications needed, Exceptional Family Member Program (EFMP) participation, expected additions to family, etc. Additional documentation may be requested)	
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

**SECTION V - COMMUNITY HOUSING / HOUSING DATA****16. COMMUNITY HOUSING DESIRED** (*X as applicable*)

<input type="checkbox"/> Purchase House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Short Term	Other Details:
<input type="checkbox"/> Purchase Condominium	<input type="checkbox"/> Rent Apartment / Condominium	<input type="checkbox"/> Other	

**17. MINIMUM PREFERENCES** (*X and complete as applicable*)

a. Furnished ( <i>X one</i> )	b. Number of Bedrooms	c. Number of Full Baths	d. Number of Half Baths	d. Other
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**18. SERVICE ANIMAL** (*X and complete as applicable*)

a. Have? ( <i>X one</i> )	b. Number of Service Animals	c. Type(s) of Service Animals	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**19. PETS** (*X and complete as applicable*)

a. Have Pets? ( <i>X one</i> )	b. Number of Pets	c. Type(s) of Pet(s)	d. If Dog, Breed(s) and Weight(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**20. DATE HOUSING NEEDED** (*DD/MM/YYYY*)**21. LOCATION PREFERENCE(S)****22. PRICE RANGE****23. REMARKS****SECTION VI - HOUSING REFERRAL CERTIFICATE**

**24.** I have received a listing of the housing restrictions approved by the Installation Commander (if applicable) and I will not reside in any property on the restricted list.

(Initial the applicable box)

☐

Yes

☐

No

☐

N/A

**25.** I have been (1) briefed on the services provided by the Military Housing Office, (2) have been given the Plain Language Brief, (3) briefed on the DoD program on equal opportunity for military personnel in off-base housing, and (4) briefed on non-discrimination based on national, state and local laws. In addition, if any facility refuses to rent or sell to me or if I have reason to believe I am being discriminated against, I will promptly notify the Military Housing Office who will advise me of next steps.

(Initial the applicable box)

☐

Yes

☐

No

**SECTION VII - SIGNATURE AND DATE****26a. SIGNATURE OF APPLICANT****26b. DATE** (*DDMMYYYY*)**SECTION VIII - DISPOSITION** (*To be completed by the Gaining Military Housing Office*)**27. APPLICATION PLACEMENT**

a. APPLICATION RECEIVED ( <i>DDMMYYYY</i> )	b. APPLICANT HOUSING TYPE PLACEMENT ( <i>X one</i> )		
	<input type="checkbox"/> Government Owned	<input type="checkbox"/> Government Leased	<input type="checkbox"/> Privatized <input type="checkbox"/> Community
c. NUMBER OF BEDROOMS AUTHORIZED	d. REFERRAL DATE TO PRIVATIZATION PROPERTY MANAGEMENT OFFICE ( <i>DDMMYYYY</i> ) ( <i>if applicable</i> )		
e. APPLICANT PLACED ON WAITING LIST ( <i>X one</i> )	f. WAITLIST ELIGIBILITY DATE ( <i>DDMMYYYY</i> )	g. WAITLIST GRADE CATEGORY	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
h. DATE UNIT ASSIGNED ( <i>DDMMYYYY</i> )	i. ASSIGNED UNIT ADDRESS	j. NUMBER OF BEDROOMS ASSIGNED	
k. GAINING MILITARY HOUSING OFFICE ( <i>Signature</i> )		l. DATE SIGNED ( <i>DDMMYYYY</i> )	

**APPLICATION FOR ASSIGNMENT TO HOUSING****PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 133b, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.02, Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)); DoD Directive 5135.03, Deputy Under Secretary of Defense for Acquisition and Sustainment (DUSD (A&S)); DoDM 4165.63, DoD Housing Management.

**PRINCIPAL PURPOSE(S):** To apply for assignment to housing. This information may also be used to determine eligibility for housing as well as determine the priority and appropriate waiting list.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. See the applicable system of records notice for a listing of the routine uses. NM 11101-1, family and Unaccompanied Housing Program, located at: <https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/DOD-Component-Notices/DOD-Wide-Article-List/>

**DISCLOSURE:** Voluntary. However, failure to provide all information or correct information may result in our inability to assign you or your family to appropriate living quarters or provide housing services.

**INSTRUCTIONS****GENERAL INSTRUCTIONS.**

This form provides the Military Housing Offices (MHO) with information that will be used to provide the applicant with community (off-base), privatized, or DoD owned/leased housing.

**SECTION I - APPLICANT INFORMATION****1. Type of Housing Preference (definitions).**

*Community Housing* – Private-sector or off-base housing located within a defined market area. This does not include privatized housing units owned by privatized housing Providers on Military installations.

*Privatized Housing* – Family or unaccompanied housing acquired or constructed by a DoD privatized Housing Provider. This housing may be located on government owned land, or near military installations within the United States and its territories.

*DoD Owned/Leased Housing* – Family and unaccompanied housing that the DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as "Government-controlled housing". It does not include privatized housing.

**2. Applicant.**

- a. Enter applicant's legal name.
- b. Enter applicant's pay grade.
- c. Enter applicant's DoD ID # (located on your CAC).
- d. Enter DoD Component/Military Service Department.

**3. – 8. Self-explanatory.**

**9. Power of Attorney (POA):** To apply for housing in the service member's absence, a specific POA is required. The service member can obtain this legal document for the spouse from the installation's Legal Assistance Office. This POA authorizes the spouse to sign lease agreements and manage all related finances on the service member's behalf. The original POA document must be presented at the housing appointment.

**10-11. Self-explanatory.****SECTION II – MEMBER INFORMATION.****12-13. Self-explanatory.****SECTION III – MILITARY SPOUSE AND/OR DUAL-MILITARY APPLICANT****14. Self-explanatory.****SECTION IV – DEPENDENT INFORMATION****15. a-e. Self-explanatory.****SECTION V – COMMUNITY HOUSING / HOUSING DATA****16-23. Self-explanatory.****SECTION VI – HOUSING REFERRAL CERTIFICATE****24-25. Self-explanatory.****SECTION VII – SIGNATURE AND DATE****26. Self-explanatory.****SECTION VIII – DISPOSITION****27. Self-explanatory.**

Public Private Venture  
Family Housing  
Camp Pendleton, CA 92055

Marine Corps Base Camp Pendleton has two Public Private Venture (PPV) partners. Our PPV partners are Hunt Military Communities and Liberty Military Housing. I have been briefed on my eligibility and housing options for aboard MCB Camp Pendleton by a Government Housing Counselor. I understand I can only be on one PPV wait list at a time.

We strongly recommend that you contact the PPV partners prior to your selection. Our contact for PPV partners' phone numbers and websites are:

Hunt Military Communities:

760-385-4835/4708 <http://www.deluzfamilyhousing.com/>

Liberty Military Housing:

760-430-5000 <https://www.livelmh.com/#/>

I elect to reside in:

\_\_\_\_\_ Liberty Military Housing

\_\_\_\_\_ Hunt Military Communities

\_\_\_\_\_  
Government Counselor Print Name

\_\_\_\_\_  
Service Member Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **PRIVACY ACT RELEASE FORM**

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Government Military Housing Office to release the information contained in this family housing application to the Marine Corps Public- Private Venture Partners for purposes of placement on the family housing waiting list and placement in a public- private venture home.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Registered Sex Offender Policy Prohibited Occupancy and Access to Family Housing**

---

**Specific Objective:** To comply with prohibited Registered Sex Offender occupancy and access to USMC Family Housing policy stipulated in the following directives:

- A. SECNAV Memo of 07 Oct 2008 -- "Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy"
- B. CMC I&L Policy Letter of 31 Dec 2008 – "Registered Sex Offenders Prohibited Occupancy and Access to Marine Corps Government-Owned, Leased, or Privatized family Housing".

**Disclosure Statement:** Information provided is for public safety disclosure purposes in accordance with the Sex Offender Registration and Notification Act (SORNA), (P.L. 109-248), and to check names against national/ state sex offender registries.

### **Family Housing Applicant Action:**

1. Are you or any member of your family for whom you seek authorized housing under this application a sex offender as defined in the enclosure, or required to register as a sex offender? (check box)

☐ **YES**

☐ **NO**

**Note: If you answered "Yes", your application will be referred to the Installation Commander and Legal for processing.**

### **2. CERTIFICATION OF APPLICANT**

I hereby certify that my response contained herein is true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Windows are Vital to Survival, but Keep Safety in Mind

### Windows Rank Among Top 5 Hidden Hazards

Falls from windows are more common than people might think. According to a report by SafeKids Worldwide, an average of eight children age 5 and younger die and more than 3,300 are injured each year from falling out of windows.

Set and enforce rules about keeping children's play away from windows or patio doors. Falling through the glass can be fatal or cause serious injury.

Keep furniture-or anything children can climb-away from windows. Children may use such objects as a climbing aid.

The Window Safety Task Force offers these tips to help protect children from accidental window falls:

- Be aware of the danger of falls from windows by unsupervised young children. Keep your windows closed and locked when children are around. When opening windows for ventilation, open windows that a child cannot reach.
- Set and enforce rules about keeping children's play away from windows or patio doors. Falling through the glass can be fatal or cause serious injury.
- Keep furniture-or anything children can climb-away from windows. Children may use such objects as a climbing aid.
- When young children are around, keep windows closed and locked
- When opening a window for ventilation, use those located out of a child's reach
- Supervise children to keep child's play away from windows, balconies or patio doors
- Don't place furniture near windows that young children can climb on to gain access

- Don't allow children to jump on beds or other furniture to help reduce potential falls
- Don't rely on insect screens; they are designed to keep bugs out, not to keep children in
- Install ASTM F2090-compliant devices that limit how far a window will open, or window guards with quick-release mechanisms in case of fire or other emergency
- Teach your child how to safely use a window to escape during an emergency, such as a fire

## **Beware of Strangulation Risks**

Loose or looped window covering cords pose a strangulation risk to children. According to the CPSC, about eight children die each year after becoming entangled in a window covering cord. Use only cordless window coverings or those with inaccessible cords in homes with young children.

Free retrofit kits are available through the Window Covering Safety Council when replacement of older corded window coverings is not an option.

## **Windows are a Lifeline in an Emergency**

Windows can save lives when used as emergency escape routes.

According to most residential building codes, bedrooms and other sleeping areas must have a secondary means of escape in case of fire or smoke, and that exit is often a window. Just having windows designated for escape is not enough; they also must be safe and accessible.

The Window Safety Task Force offers the following tips to help protect your family:

- Create a home fire escape plan that includes two exits from every room in your home, through a door and a window
- Practice your fire escape plan during the day and at night, as many home fires occur at night
- Practice opening and closing windows that may be designated as emergency exits
- If you cannot open the window to escape and are unable to break the glass, choose another exit route; some windows have impact-resistant glass, like those used in hurricane-prone areas

**Fire and Window Safety Awareness Form**  
**Family Housing**  
**Camp Pendleton, CA 92055**

Safety is everyone's responsibility. The safety tips and information package is attached to this form and is for you to keep. Please read and acknowledge receipt of the Fire and Window Safety Awareness brochure. Keep in mind that our Liberty Military Housing and Hunt Public Private Venture partners (PPV) do provide window locks.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MARINE CORPS BASE, CAMP PENDLETON, CA**  
**FAMILY HOUSING**  
**WINDOW COVERING CORD SAFETY INFORMATION**

**UNEXPECTED DANGER IN YOUR HOME?**

**Parents Beware:** The Consumer Products Safety Commission (CPSC) has identified window coverings with cords as one of the top five hidden hazards in the home. About one child a month dies becoming entangled in a window blind cord. CPSC has recalled over five million window coverings: Roman shades, rollers and roll-up blinds, vertical and horizontal blinds.

Strangulation and entanglement injuries can occur in the home anywhere a window covering with a cord is installed. Children can wrap window covering cords around their necks or can pull cords that are not clearly visible but are accessible and become entangled in the loops. These incidents happen quickly and silently. To prevent tragedies CPSC recommends the use of cordless window coverings in all homes.

**Pull cords, Looped Bead Chains or Nylon Cords, Inner Cords of Roman Shades and Lifting Loops of Roll-up Blinds are all safety hazards.**

CPSC offers the following safety tips to prevent deaths and injuries associated with window covering cords:

- **Examine all shades and blinds in the home.** Use only cordless window coverings with no accessible cords in front, side or back of blinds. Repair or replace blinds, shades and draperies manufactured before 2001 that have pull cords ending in a loop that are the cause for risk of strangulation.
- Move all cribs, beds, toys or furniture away from windows and window cords because children can climb on them and gain access to the cords.
- Make cords inaccessible. Make sure tasseled pull cords are short and continuous-loop cords are permanently anchored to the floor or wall.
- If the window shade has looped bead chains or nylon cords, install tension devices to keep the cord taut.
- Lock cords into position whenever horizontal blinds or shades are lowered, including when they come to rest on a windowsill.

Consumers can receive a free repair kit from the Window Covering Safety Council's website at <http://www.windowcoverings.org> or by calling (800) 506-4636. You may also visit [www.cpsc.gov](http://www.cpsc.gov) to learn more about window covering safety.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PET DISCLOSURE POLICY

---

**Objective:** To comply with restrictions regarding Prohibited Canine Breeds and their access to USMC Privatized Family Housing stipulated in the following directives:

**1. Marine Corps Order Marine Corps Order 11000.22, Chapter 3 “Domestic Animal Control”.**

Prohibited Dog Breeds. Pit Bulls, Rottweilers, canid/wolf hybrids, and any other canine breed with dominant traits of aggression, present an unreasonable risk to the health and safety of personnel on Marine Corps installations. Consequently, full, or mixed breeds of Pit Bulls, Rottweilers, and canid/wolf hybrids are prohibited aboard Marine Corps installations.

**2.** In addition to the MCO, **Liberty Military Housing** Pet Addendum also includes, Staffordshire Bull Terriers or English Staffordshire Bull Terriers, Doberman Pinchers and Chows or any mix of the breeds.

**3.** In addition to the MCO, **Hunt Military Housing Pet Addendum, also includes** any dogs with a mix of any such breed, (Bull Terrier or English Staffordshire Bull Terrier, Presa Canarios, Doberman Pincher, Chow Chow, Akitas, Mastiff, Great Danes, Alaskan Malamutes).

a. Do you own a dog that would be considered as one of the “Prohibited Canine Breeds” defined as full or mixed breeds of Pit Bulls, Rottweilers, canid/wolf hybrids or any canine breed with dominant traits of aggression that are not permitted aboard Marine Corps Base Camp Pendleton?

(circle one)

YES

NO

b. Is your pet a “dangerous dog” defined as any canine or canine crossbreed that has attacked and bitten or inflicted injury on another person or animal or killed another animal?

(circle one)

YES

NO

c. Is your pet a “vicious dog” defined as a canine or canine crossbreed that has either killed a person or inflicted serious injury to a person including, but not limited to, multiple bites, serious disfigurement, serious impairment of health or serious impairment of a bodily function?

(circle one)

YES

NO

d. By answering NO to the questions above, I understand and **AGREE NOT** to bring any “Prohibited Canine Breeds” aboard Marine Corps Base Camp Pendleton at any time no matter how brief in the future?

(circle one)

YES

NO

#### 4. Responsibilities of Pet Owner:

- a. All dogs and cats must be registered/license at DAC, Bldg. 25131, phone number **760-725-8120**. Proof of registration must be submitted to the local Family Housing Office prior to entry into family housing units. This registration will include a civilian or military veterinarian certification of required vaccinations and a functioning microchip identification device that is compatible with the International Standards Organization (ISO) procured at the owner's expense.
- b. Dogs and cats must be vaccinated at owner's expense against rabies every one to three years depending upon age, vaccination history and local laws and installation regulations.
- c. There is no requirement that dogs or cats be spayed or neutered, but owners are encouraged to pursue this procedure for their pet. Owners of pets that have reproductive organs intact must maintain awareness of the risks of unwanted pet pregnancy as well as the possibility of inducing unwanted behavior in other pets.
- d. All dogs and cats must always wear a collar with a valid and current rabies vaccination tag attached to the collar. In addition, a tag with current address of the owner must be attached within 30 days of occupancy of family housing.
- e. Owners are always responsible for controlling the behavior of their pets. No animal will be allowed to roam free at any time. Failure to comply with local guidelines relating to the control of their pets may be grounds for eviction.
- f. Visitors, sponsors and dependents will not bring any of the prohibited canine breeds, dangerous dogs, and vicious dogs aboard Marine Corps Base Camp Pendleton at any time. Residents will be liable for any visitor, sponsor or dependent who will bring such dogs aboard Camp Pendleton as if it were their own dog.

#### 5. Certification of Applicant:

I hereby certify that I have read and understood the Marine Corps Order 11000.22, Chapter 3 and I further certify that my responses contained herein are true and correct and I understand that the omission of any material fact may result in the denial of any application for housing or eviction from housing if the omission is discovered after assignment.

#### 6. Initial the PPV Partner Selected:

\_\_\_\_\_ Liberty Military Housing

\_\_\_\_\_ Hunt Military Housing

**Print Name:** \_\_\_\_\_

**Signature and Date:** \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT OF THE PLAIN LANGUAGE BRIEF AND THE TENANTS BILL OF RIGHTS

Note: This document acknowledges the receipt of the plain language brief and the tenants bill of rights from the Military Housing Office on all rights and responsibilities associated with tenancy of the housing unit, including information regarding the existence of any additional fees authorized by the lease, any utilities payments, the procedures for submitting and tracking work orders, the identity of the military tenant advocate, and the dispute resolution process.

If already available - Lease Signing Date: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

✓ I acknowledge receipt of the plain language brief and the tenants bill of rights; ☒ prior to my lease signing OR ☐ after move-in. I have reviewed and understood the information provided in the documents, including my rights and responsibilities as a tenant of privatized housing.

### Public Private Venture Resident Information

Print Full name of Service member: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Full name of Spouse: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address:

Please sign and return acknowledgment within 3 business days. Once completed, email this document to: [PNDLFAMILYHOUSING@USMC.MIL](mailto:PNDLFAMILYHOUSING@USMC.MIL) or Fax it directly to: **(760) 725-5559**.

FOR OFFICIAL USE ONLY: This document contains information that is privacy and business sensitive. Any misuse or unauthorized disclosure of privacy and business sensitive information may result in civil and/or criminal penalties in accordance with 18 United States Code (U.S.C.) § 1030; Section 552a of title 5 (U.S.C.); as amended Privacy Act of 1974; DoD 5400.11-R. To avoid compromise, destroy this report after use.