



APPLICATION CHECKLIST

To be placed on the wait list; please ensure your Leasing Specialist has the following items:

___ Completed housing application, Drivers License

___ Copy of orders and all amendments (dual military, orders both service members)

___ DD1172-2 DEERS Enrollment Verification Form. If you are unable to secure the DD1172-2, please contact your Leasing Specialist for an acceptable alternative.

___ Copy of most recent end of month LES (if dual military, both service members will need to submit a copy)

___ Copy of current inoculations for you're privately owned Pet. Be aware your animal must be microchip within 30 days of arrival. Please be aware of the banned breed policy.

___ Renters Insurance must be provided at Lease signing:

It is mandatory for every resident to acquire a renter's insurance policy. Upon move in, proof of renter's insurance must be submitted detailing a minimum liability of \$100,000 per occurrence. You must list Desert Oasis Communities as the interested party on the insurance policy with the address as follows:

Desert Oasis Communities
1120 Cutter Avenue
Yuma, AZ 85365

Please submit all documents directly to your Leasing Specialist via e-mail (preferred), FAX, or hand delivery. If using e-mail, please submit documents as pdf or Word attachments. Do not send photographs of documents.

Applying in advance of arrival is preferred.

Building 1120, Cutter Ave Yuma Proving Ground, AZ 85365	(928) 329-9014 ~ TEL (928)- 329-9047 ~ FAX	Leasing Specialist Christina Shew cshew@tmo.com Community Director Kristel Steib Ksteib@tmo.com
www.desertoasiscommunities.com		



APPLICATION FOR HOUSING

Section I Applicant Information

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

Military Member's Info (Highest Ranking):

*Social Security No:		*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:		Military Email:			
*Preferred or Secondary Email Address:			*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.
				<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		

Additional Information

Pet #1	#2	#3
Maximum 3 _____ 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
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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:			