

## Instructions for Retention of Family Housing

### Step One:

Acquire all necessary signatures.

- Unit Commander
- BN/SQDN Commander (O-5)
- Sponsor
- Spouse
- Soldier

All spaces **must** be filled out.

### Step Two:

Bring power of attorney, orders and completed retention packet to the Community Management Office. At this time an appointment will be set up for you and your spouse to come in a Payment Agreement letter stating that the Military Member will not stop the housing allotment.

### Step Three:

After completing steps one thru two your packet will be sent to the Community Manager for final review and approval.

### Final Step:

Your last step will be for our Resident Specialist or Management to stamp your clearing papers.

**Retention of Family Housing Request Form**

Request for my family to remain in Family Housing, address # \_\_\_\_\_

for a period of \_\_\_\_\_ months. I am on orders for \_\_\_\_\_

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

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Requesting Soldiers Name, Rank, SSN \_\_\_\_\_

**CHAIN OF COMMAND**

I have assigned (Rank/ Name/ SSN) \_\_\_\_\_

as a sponsor for the dependent(s) of (Rank/ Name/ SSN) \_\_\_\_\_

during his/her absence.

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

**UNIT COMMANDER**

**Approved**

**Disapproved**

Name/Rank:	
Unit/Phone:	
Signature:	

**BN/SQDN COMMANDER**

**Approved**

**Disapproved**

Name/Rank:	
Unit/Phone:	
Signature:	

**Sponsorship Rules**

- Sponsor must be equivalent or senior in rank to the soldier requesting the retention.
- In the event of sponsor's PCS, the Unit Commander will appoint a new sponsor.
- In the event of Chain of Command PCS, gaining Commander will assume responsibility to ensure no lapse of sponsorship occurs.
- The Unit assumes responsibility to the homes in the absence of the family member and will perform all tasks required to maintain or clear if necessary.
- The Unit will maintain contact with the sponsored service member and conduct all liaison functions on their behalf.

**SPONSOR:**

I, the undersigned, assume responsibility and duties as sponsor for the dependents of \_\_\_\_\_ address \_\_\_\_\_ during the Soldier's absence, I will assist the family, if needed, to clear housing at the appropriate time. I understand that if in the event that I become deployed or receive PCS/ETS orders, I must contact the Chain of Command immediately to ensure no lapse of sponsorship.

Name/ Rank/ SSN: \_\_\_\_\_  
Unit/ Duty Phone: \_\_\_\_\_  
Please state reason for request: \_\_\_\_\_

Your request is to retain housing # \_\_\_\_\_, home phone # \_\_\_\_\_

Approval is limited to \_\_\_\_\_ months. Soldier must provide Family Housing proof of returning prior to expiration date of request for an extension. Should you desire to vacate the quarters at any time, you, your dependent, and/or sponsor must submit a 30-day notice.

Information in this packet will be updated every six months.

Unit appointed sponsor listed above to assist your spouse during his/her stay.

A Power of Attorney (POA) authorizing your spouse and/or your sponsor to clear the quarters upon his/her departure (if such departure becomes necessary or required).

**The following items are also required:**

Good conduct or your spouse and dependents and strict compliance with all applicable post and housing regulations. Care of the home to include watering and mowing of the lawn and/or snow removal. Dependents are to notify the Community Management Office in writing of any expected absences of two weeks or longer.

*I have read and understand the conditions of occupancy and agree to them:*

Soldier's Signature	Date	Rank
Spouse's Signature	Date	Home/Cell Phone
Sponsor's Signature	Date	Rank
Sponsor's Duty Phone	Sponsor's Home/Cell	

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Management Representative

Comments: \_\_\_\_\_