



**APPLICATION FOR PSP MILITARY HOUSING**

**\*\*Mandatory minimum one (1) year stay\*\***



**Please check all that apply to you:**

Regular Force ( )      COS date: \_\_\_\_\_      ELEMENT: Air ( )  
 Reserve Force ( )      Reserve Contract ( )      Sea ( )  
 Spouse in CF ( )      Imposed Restriction ( )      Land ( )  
 Preferred language for correspondence: English ( ) French ( )

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE PSPMH OFFICE OF ANY CHANGES IN THE FOLLOWING INFORMATION:**

Last Name: \_\_\_\_\_ SN: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Initial: \_\_\_\_\_ Unit/Section: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Do you need extra parking? Yes ( ) No ( )  
 Have you lived in Military Housing before? Yes ( ) No ( )  
 If yes, please indicate the address: \_\_\_\_\_

**MARITAL STATUS:**

Married ( )      Common-Law ( )  
 Single ( )      Single with dependants ( )      Single with Roommate ( )

**NAME OF SPOUSE:**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Initial: \_\_\_\_\_

**STAT DEC ATTACHED FOR:**

Common-Law ( )  
 Custody Agreement ( )

Special requirements for dependants (i.e. wheelchair access) Yes ( ) No ( )

**DEPENDANTS:**

Gender	Date of Birth (day/month/year)
_____	_____
_____	_____
_____	_____
_____	_____

Please specify the date for which you need housing: \_\_\_\_\_

**When a PSPMH unit is offered, applicants have 72 hours to accept or decline.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Member

**\*Important:** Email Address: \_\_\_\_\_ @forces.gc.ca **and/or**  
 Personal Email: \_\_\_\_\_

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