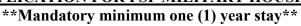


APPLICATION FOR PSP MILITARY HOUSING





Please check all tha	t apply to you:			
Regular Force ()	COS date:	ELEMENT:	Air ()	
	Reserve Contract		Sea ()	
Spouse in CF ()	Imposed Restriction	()	Land ()	
	or correspondence: Eng			
		PLICANT TO NOTIFY THE	PSPMH	
		LOWING INFORMATION:		
Last Name:		SN:		
First Name:		Rank:		
Initial:		Unit/Section:		
Home Phone:		Work Phone:		
Cell Number:	ilitary Housing before?	Do you need extra parking?	' Yes () No ()	
Have you lived in M	ilitary Housing before?	Yes () No ()		
If yes, please indicate	e the address:			
MADIEAT CEARS	ro.			
MARITAL STATU				
Married () Comm				
Single () Single	e with dependants ()	Single with Roommate ()		
NAME OF SPOUS	F•	STAT DEC ATTA	CHED FOR:	
			CHED FOR.	
Last Name:		Custody Agreement ()		
First Name: Initial:		_ Custody Agreement	. ()	
IIIIIIII		_		
Special requirements for	dependants (i.e. wheelchair	access) Yes () No ()		
DEDENID ANTO.				
DEPENDANTS:	D-4 6T): v41. (1/		
Gender Date of Birth (day/month/year)				
Please specify the date for	or which you need housing:			
Troube specify the date is	· · · · · · · · · · · · · · · · · · ·			
When a PSPMH unit	is offered, applicants ha	ive 72 hours to accept or decl	ine.	
		<u> </u>	`M1	
Date		Signature of	wiember	
*Important: Email	Address.	(a) force	es.gc.ca and/or	
Dorgon	Address:al Email:	<i>W</i> 10100	s.gc.ca anu/01	
1 C180116	LAHAH			

Please submit this form along with your posting message to pspmh@cfmws.com Please save a copy of the completed form for your personal files