

HOUSING ASSIGNMENT PROCEDURAL CHECKLIST

Instructions: Complete this form while "In-Processing" new residents. Once all items are complete file this form in the resident's folder.

Section I - General Information

Service Member's Name (Last, First, MI):		Quarters Assigned	Date Assigned:
<i>Housing Area:</i>	<i>Quarters Type:</i>	Branch of Service	Command
<input type="radio"/> Eureka <input type="radio"/> Fort Bragg	<input type="radio"/> 2 bdrm <input type="radio"/> 3 bdrm <input type="radio"/> 4 bdrm <input type="radio"/> UPH		Rotation Date

Section II – Action Items *All steps are necessary, however highlighted steps are critical*

Step	Action	Date Completed	Initials
1.	Received complete Housing Application, CG-5267 or DOD form 1746 and: ➤ Orders? <input type="radio"/> Yes <input type="radio"/> No, if no why ➤ BAH Dependency Form (CG-4170A, Navy Page 2, DEERS)? <input type="radio"/> Yes <input type="radio"/> No, if no why		
2.	Add Applicant to Waiting List ➤ Any "Special Needs" Family Members? <input type="radio"/> Yes <input type="radio"/> No Are they relocating from another MFH Area? <input type="radio"/> Yes <input type="radio"/> No If yes, where? _____		
3.	Issue Assignment and Acceptance of Government Quarters (Form GRPHUMB-017)		
4.	Issue Notification of Assignment to Coast Guard Housing Feeder Sheet (Form CG-5267A)		
5.	Issue Member Contact Information (Form GRPHUMB-032)		
6.	Schedule Check-In inspection (Form GRPHUMB-004) Date/Time :		
7.	Issue Occupancy Agreement (Form GRPHUMB-015) & CFL Addendum		
8.	Issue copy Group Humboldt Bay's Housing Manual		
9.	Issue Insurance Facts For Residents (Form GRPHUMB-013)		
10.	Issue Environmental Hazard Letter and Information Booklets (CG6093 Hazmat Disclosure); advise tenant of location of Environmental Risk Assessment for site.		
11.	Issue Occupant Responsibilities (Form GRPHUMB-019)		
12.	Issue Pet Agreement (Form GRPHUMB-009) if applicable		
13.	Issue Acceptance of One Less Bedroom Entitlement (Form GRPHUMB-016) if applicable		
14.	Issue Waterbed Authorization (From GRPHUMB-028) if applicable		
15.	Issue Vehicle/Firearms Registration (Form GRPHUMB-011)		
16.	Issue Long Term Parking Agreement and Key (Form GRPHUMB-012) if applicable.		
17.	Issue Carbon Monoxide Alarm Custody (Form GRPHUMB-018)		
18.	For DOD Members: Issue Copy of Inter-Support Agreement (ISA) for branch of service to member		
19.	Stop BAH , notify Servicing PERSRU by E-MAIL, carbon copy Housing CPO & LHO ➤ For DOD: Inform member to notify parent service using feeder sheet from step 4		
20.	Issue keys ➤ House and Mail Box <input type="radio"/> Yes <input type="radio"/> No ➤ Garage Door (<i>where applicable</i>) <input type="radio"/> Yes <input type="radio"/> No		
21.	Add Service Member to HMIS <u>To Include ERA information</u>		
22.	Add member information to Housing Matrix & Status board		
23.	Perform Check-In inspection ➤ Use GRPHUMB-006 (file original in resident's folder, copy to resident)		

Completed by: (<i>Housing Rep. Signature</i>)	Verified by LHO or LHM (<i>Initial and Date</i>)
---	--

SELF HELP PROJECT WORK ORDER REQUEST

Section I Service Member Information: Please print. *Complete blocks below and deliver this request to your Housing Office.*

Service Member's Name (*Last, First, MI*):

Rank/Rate:

Permanent Duty Station (*Include Work Phone #*):

Home Address (*Street, Apt#, City, State, Zip, Home Phone*):

Section II I request permission to perform the following alteration(s) to my quarters. **Description of Work:** (*Explain what, where, how many, installer name, type, size, color. Provide drawing(s), sketches, measurements, etc. as needed/requested. Use reverse if necessary.*)

Certification: I understand and agree I am subject to a Housing Office inspection of my project. Any corrections required, as directed by Housing, will be mine to bear. I understand and agree that upon termination of assignment to quarters I must return my unit to the original, or an approved, condition at my own expense.

Service Member's Signature:

Date:

Section III: Housing Inspector Approval

- Approved
- Disapproved
- See Remarks

Approving Official Signature:

Date:

HOUSING COMPLAINT FORM

Section I Service Member Information: Please print. *Complete blocks below and deliver this form to your Housing Office.*

Service Member's Name (*Last, First, MI*):

Rank/Rate:

Permanent Duty Station (*Include Work Phone #*):

Home Address (*Street, Apt#, City, State, Zip, Home Phone*):

Section II Nature of Complaint: (Please detail the time, date, events that took place, and those involved if acquirable)

Service Member's Signature:

Date:

Section III: Housing Officers Review

Housing Officers Signature:

Date:

Department of Homeland Security U.S. Coast Guard GRPHUMB-003 (Rev. 01/08)		NOTICE OF INTENT TO VACATE GOVERNMENT OWNED OR LEASED QUARTERS	
USE OF FORM: This form shall be submitted to the Local Housing Office at least 45 days in advance of your anticipated vacate date. Work orders will not be processed 45 days prior to termination of quarters unless an emergency exists. Please print legibly and complete all blocks.			
Name <i>(last, first, MI)</i>		Branch of Service	Rank
Current Quarters Address and Phone Number:		Bedroom Size:	Housing Type: <input type="radio"/> Government Owned Family Quarters <input type="radio"/> Unaccompanied Personnel Housing (UPH)
Current Duty Station and Phone Number:		New Duty Station:	
Departure Date:	Reason for Vacating: <input type="radio"/> PCS Transfer <input type="radio"/> Discharge/RELAD <input type="radio"/> Retirement		
Pack out Date:	<input type="radio"/> Other:		
	<input type="radio"/> Permissive relocation move to:		
Resident's Signature:			Date:

Note: Residents are required to provide a copy of their Permanent Change of Station (PCS)/Retirement/Discharge orders with their date of detachment stipulated. Residents are not entitled to remain in quarters beyond their date of detachment. The Housing Office must receive any requests for an exception to this policy at least 60 days prior to detachment.

Inspection Dates: The following Pre-Check-out and Final Inspection dates have been scheduled. You are responsible for being at your unit at the dates and times indicated below. Any change to these dates must be cleared through the Housing Office as soon as possible. The Final Inspection date will not occur after your detachment, retirement or discharge date.	
Pre-Check Out Inspection Time and Date:	Final Inspection Time and Date:
Resident Signature:	Date:
Housing Representative Signature:	Date:

RESIDENT RESPONSIBILITIES

I have received a copy of the Preliminary Inspection Check-Off Sheet. It is my responsibility to comply with all cleaning requirements. Failure to comply may result in delaying my departure or my being charged for custodial services.

I am responsible for damages or missing equipment in my unit. I understand my financial obligations to resolve such situations prior to my departure. There are three options for repairing/replacing damaged/missing items:

1. I may repair/replace the item(s) myself.
2. I may hire a contractor to accomplish the repair/replacement.
3. I may pay the U.S. Coast Guard for the repair/replacement.

If I choose options 1 or 2, I understand the repair/replacement must pass the government's inspection. If I choose option 3, payment can be in the form of either a cashier's check or money order made payable to the "**United States Coast Guard**", or I can choose a voluntary deduction from my pay using DD Form 139. Cash or personal checks are not accepted.

If I am a pet owner, I understand it is my responsibility to exterminate fleas in my yard and unit. At the time of vacating, I will ensure there is no flea infestation. If fleas are not properly/adequately exterminated, I will be held financially responsible for an adequate extermination. ***I am aware if any lingering pet odors or pest infestations caused by my pet(s) are detected within 60 days of my final inspection, I may be held financially responsible for eliminating the problem(s).***

Termination of quarters is completed when I have met all the cleaning requirements and all damages (if applicable) are resolved.

IMPORTANT NOTES TO REMEMBER

1. Allow yourself at least three (3) days after your movers leave to clean your quarters.
2. All personal items must be removed from your quarters before the final inspection. This includes any self-help equipment borrowed.
3. All trash, boxes, garbage and hazardous waste materials must be removed before your final inspection.
4. All carpets must be steamed cleaned. If carpeted areas are excessively dirty, a professional cleaner should be hired. ***Final inspections will not be done on wet carpets.*** It is your responsibility to plan ahead. Please note: It is sometimes difficult to determine at the pre-inspection whether carpet stains will come out. Many factors determine how well carpets will come clean, what was spilled, how long has it been there, etc. The Housing Office cannot answer these questions or decide for you what may work best. The decision whether to have stained carpets cleaned first, to see if the stain(s) would come out, is yours only. Having the carpet cleaned ***will not*** absolve you from any possible monetary charges, if at the final inspection stains

RESIDENT RESPONSIBILITIES (continued)

4. cont.) are still apparent. No deductions or “credit” for labor, or money spent, will be removed from any bill the government assesses. It is very important to find out from the Housing Inspector at the pre-inspection how much stained carpet may need to be replaced in order to match the surrounding area. This should assist you in making your decision.
5. Have all keys to the quarters and mailbox available to give to the Housing Inspector. Any missing keys could result in a monetary charge.
6. Have cleaning materials on hand for your final inspection to include mop, broom, brush, degreaser, glass cleaner, paper towels, scrub pads, rags or sponges. These items will come in handy if you do not pass your first inspection. It is the responsibility of the Resident to acquire the necessary equipment and cleaning items needed for their Final Inspection.
7. If you hire someone to clean your quarters, it is a private contract between you and the cleaner. The Housing Office cannot mediate disputes or get involved in your contract with a cleaner. You are still responsible for the cleanliness of your unit and you must be present for the final inspection. It is suggested you have any contract cleaner you may have hired at the final inspection with you.
8. Equipment for lawn care and other self-help items are available on a “first come, first served” basis. Please plan ahead and don’t rely on self-help for services.
9. Do not allow movers to drive onto grass during your pack out. Damages to grounds by movers will be your responsibility.
10. You are required to be present at the final inspection. A Power-of-Attorney will be required for spouses who stand in for service members unavailable due to emergency situations.
11. If something comes up and you cannot make the final inspection date, please contact your Local Housing Office immediately. Remember your entitlement to BAH is dependent on a successful and complete Final Inspection.

I have read the above and fully understand my obligations.

X _____
Signature

Date

FAMILY/ UPH QUARTERS INSPECTION CHECKLIST

CG GROUP Humboldt Bay

Name & Rank of Service Member:	Command:	Date of Inspection:
Quarters Address & Phone Number:	Type of Inspection:	No. of Bedrooms:
	<input type="radio"/> Check-In <input type="radio"/> Annual <input type="radio"/> Pre-Final <input type="radio"/> Just Cause <input type="radio"/> Final <input type="radio"/> Fire/Safety	1 2 3 4
		<input type="radio"/> Eureka <input type="radio"/> Fort Bragg

Items to be Inspected: *Instructions: All rooms are designated in clock-wise direction, upon entering at the front door on 1st floor, standing at the top of stairs on a 2nd floor. Use condition codes at bottom of form. Use Remarks Block for additional comments.*

GARAGE/SHED		LAUNDRY ROOM		KITCHEN/ DINING ROOM		BEDROOM	Condition Bedroom Number			
Item	Con- dition	Item	Con- dition	Item	Con- dition	Item	1	2	3	4
Ceiling		Washer (UPH)		Dining Table (UPH)		Bed (UPH)				
Walls		Dryer (UPH)		Dining Chairs (UPH)		Nightstand (UPH)				
Shelving		Ceiling		Floor Lamp (UPH)		Table Lamp (UPH)				
Concrete Floors		Walls		Microwave (UPH)		Desk/ Armoire (UPH)				
Windows		Baseboards		Ceiling		Ceiling				
Screens		Floors		Walls		Walls				
Blinds		Windows		Baseboards		Baseboards				
Light Fixtures		Screens		Floors		Floors				
Electric Outlets		Blinds		Windows		Windows				
Doors		Light Fixtures		Screens		Screens				
Garage Door		Electric Outlets		Blinds		Blinds				
Trash Can		Plumbing Fixtures		Cabinets		Light Fixtures				
Recycling Bins		Lint build-up		Counter Tops		Electric Outlets				
Other:		Door		Range / Oven		Ceiling Fan				
		Other:		Vent/Fan		Closets				
				Refrigerator		Doors				
HEATER SPACE		LIVING ROOM				BATHROOM	Condition Bathroom Number			
Wiped Down?		Chair (UPH)		Sink Area/garbage disposal		Item	1	2	3	
Fire Hazards?		Couch (UPH)		Dishwasher		Ceiling				
Other:		Loveseat (UPH)		Light Fixtures		Walls				
		End Table (UPH)		Electric Outlets		Baseboards				
EXTERIOR AREA/MISC.		Coffee Table (UPH)		Doors		Floors				
Entry Door		Ceiling		Fire Extinguisher		Windows				
Door Bell		Walls		HALLWAY/STAIRS		Screens				
Exterior Lights		Baseboards		Item	1	2				
Siding		Floors		Ceiling						
Patio/Yard		Windows		Walls						
Balcony		Screens		Baseboards						
Exterior Woodwork		Blinds		Floors						
Unit Keys		Traverse Rods		Windows						
Mailbox Keys		Light Fixtures		Screens						
Garage Door Opener		Electric Outlets		Blinds						
Housing Manual		Doors		Light Fixtures						
CO Detector(s):		Fireplace		Electric Outlets						
Escape Ladder		Other		Doors						
Smoke Detector				Stairs/Railings						

Continued on Reverse

Reverse side of GRBHUMB-004 Quarters Inspection checklist

Other					Other			Doors								
Condition Codes:	WT	Wear/Tear	G	Good	D	Dirty	NA	Not Applicable	T	Torn	B	Burned	M	Missing		
	IO	Inoperative	R	Repair	P	Paint	SR	See Remarks	CH	Chipped	C	Cleaning	O	Other		

APPLIANCE SUMMARY

Item	Brand	Model	Serial No.	Condition
Refrigerator				
Range				
Dishwasher				
Washer				
Dryer				
Fire Escape Ladder				
CO Detector				

Remarks / Discrepancies:

Damage to Government Property:

Resident Certification: I certify this inspection represents a true record of the condition of my unit, and I agree to pay any and all damages incurred as noted.

<i>Service Member's Signature:</i>	<i>Date:</i>
Housing Inspector's Certification:	<i>Inspector Signature:</i>
Housing Inspector's Certification:	<i>Date:</i>

Passed Did Not Pass (See Remarks)

Department of Homeland Security
U.S. Coast Guard
GRPHUMB-005
(Rev. 01/08)

VIOLATION NOTICE

CG Group Humboldt Bay Housing Office

All residents are required to abide by the regulations outlined in the Coast Guard Housing Manual and Group Humboldt Bay ORG Manual. This form is being issued to notify you of a violation to housing policy.

Service Member's Name <i>(last, first, MI)</i>	Command:	Date:
--	----------	-------

Quarters Address:	Area: <input type="checkbox"/> Front Yard <input type="checkbox"/> Front Porch <input type="checkbox"/> Back Yard <input type="checkbox"/> Patio Area <input type="checkbox"/> Driveway <input type="checkbox"/> Side Yard <input type="checkbox"/> Other:
-------------------	---

NOTICE TO RESIDENT OF VIOLATION

An inspection of your housing area was conducted today. The following item(s) were found to be a violation of our housing policy. To assist us in maintaining the housing areas in a satisfactory condition for everyone, it is requested you complete this form by specifying the actions you have taken to correct the described violation.

Sign the bottom of this form and return it to the Housing Office no later than:

[]	[]	[]
Day	Month	Year

Should your response not be received at the Housing Office by the date specified, a second violation notice will be sent to you at your command via your Commanding Officer

- | | |
|--|--|
| <input type="checkbox"/> Clean up trash enclosure area
<input type="checkbox"/> Mow/edge grass <input type="checkbox"/> Water grass
<input type="checkbox"/> Trim hedges/bushes
<input type="checkbox"/> Clean up animal feces
<input type="checkbox"/> Dispose of packing/crating material
<input type="checkbox"/> Promptly place waste receptacles in proper area within 24hrs of trash pickup | <input type="checkbox"/> Improperly stored personal items <i>(i.e. toys/patio furniture)</i>
<input type="checkbox"/> Vehicle parked in unauthorized area
<input type="checkbox"/> Vehicle not registered/licensed - Remove from housing
<input type="checkbox"/> Remove boat/trailer/camper/RV from Housing area
<input type="checkbox"/> Other: |
|--|--|

Your cooperation in maintaining the Housing Area is greatly appreciated. You may contact a Housing Representative if you have questions regarding this violation notice.

Housing Representative's Signature:	Date:
-------------------------------------	-------

-Resident's Declaration of Action Taken

Service Member's Signature:	Date:
-----------------------------	-------

Housing Office Use Only

Unit Re-inspected by (Housing Representative's Signature):	Date:
--	-------

Action taken: <input type="checkbox"/> Violation rectified <input type="checkbox"/> Violation not rectified – Notify LHO	Comments:
---	-----------

UPH INSPECTION CHECKLIST

Unit Address:

Time/Date/Type of Inspection:

- Weekly Check -In Just Cause
 Monthly Check-Out Re-Inspect

Rank & Name of Resident:

1

Rank & Name of Resident:

2

Rank & Name of Resident:

3

Rank & Name of Resident:

4

Instructions: Complete Section I & Common Areas in Section II for routine inspections. Indicate resident by corresponding number, normally the Master Bedroom is No 1. If inspection result is 'Fail' or 'Action', the inspector shall leave copy of report in UPH. Resident(s) must rectify all discrepancies within one workday.

Section I –Room Inspection

Resident 1

No	Inspection Item	Good	Fail	Action
A.	Vacuum Carpet			
B.	Empty Trash			
C.	Clean furniture			
D.	Clean all surfaces			
E.	Clean Desk			
F.	Properly stow gear			
G.	Clean doors			
H.	Clean window			
I.	Clean trash can			
J.	Use trash can liner			
K.	Make rack			
L.	Other (See Remarks)			

Resident 2

No	Inspection Item	Good	Fail	Action
A.	Vacuum Carpet			
B.	Empty Trash			
C.	Clean furniture			
D.	Clean all surfaces			
E.	Clean Desk			
F.	Properly stow gear			
G.	Clean doors			
H.	Clean window			
I.	Clean trash can			
J.	Use trash can liner			
K.	Make rack			
L.	Other (See Remarks)			

Resident 3

No	Inspection Item	Good	Fail	Action
A.	Vacuum Carpet			
B.	Empty Trash			
C.	Clean furniture			
D.	Clean all surfaces			
E.	Clean Desk			
F.	Properly stow gear			
G.	Clean doors			
H.	Clean window			
I.	Clean trash can			
J.	Use trash can liner			
K.	Make rack			
L.	Other (See Remarks)			

Resident 4

No	Inspection Item	Good	Fail	Action
A.	Vacuum Carpet			
B.	Empty Trash			
C.	Clean furniture			
D.	Clean all surfaces			
E.	Clean Desk			
F.	Properly stow gear			
G.	Clean doors			
H.	Clean window			
I.	Clean trash can			
J.	Use trash can liner			
K.	Make rack			
L.	Other (See Remarks)			

Special Instructions (Check appropriate block)

Action

Mandatory meeting with the MAA/LHO/LHR. *Indicate time, date & place:*

Re-inspection scheduled. *Indicate time and date:*

Mandatory meeting with Member's Supervisor/Command representative. *Indicate date, time and place:*

Section II Applicable to all Residents. Use condition codes at bottom of form. Use Remarks Block for additional comments, i.e. N1", N2, C3, D4.

GARAGE / SHED		LAUNDRY ROOM		KITCHEN / DINING ROOM		BEDROOM Check-in/out only	Condition Bedroom #			
Item	Con- dition	Item	Con- dition	Item	Con- dition	Item	1	2	3	4
Ceiling		Ceiling		Ceiling		Ceiling				
Walls		Walls		Walls		Walls				
Shelving		Baseboards		Baseboards		Baseboards				
Concrete Floors		Floors		Floors		Floors				
Windows		Windows		Windows		Windows				
Screens		Screens		Screens		Screens				
Blinds		Blinds		Blinds		Blinds				
Light Fixtures		Light Fixtures		Cabinets		Light Fixtures				
Electric Outlets		Electric Outlets		Counter Tops		Electric Outlets				
Doors		Plumbing Fixtures		Range / Oven		Smoke/Fire Alarm				
Garage Door		Lint build-up		Vent / Fan		Closets				
Trash Can		Doors		Refrigerator		Doors				
Recycling Bins		Washer		Sink Area		BATHROOM 1 is the Master Bath	Condition Bathroom #			
HEATER SPACE		Dryer		Dishwasher						
Wiped Down?		Other		Light Fixtures		Item	1	2	3	
Fire Hazards?		LIVING ROOM		Electric Outlets		Walls				
EXTERIOR AREA / MISC.		Ceiling		Doors		Baseboards				
Entry Door		Walls		Fire Extinguisher		Floors				
Door Bell		Baseboards		Table		Windows				
Exterior Lights		Floors		Chairs		Screens				
Siding Glass Door		Windows		HALLWAY / STAIRS		Light Fixtures				
Patio / Balcony		Screens		Ceiling		Electric Outlets				
Exterior Woodwork		Blinds		Walls		Blinds				
Lawn		Traverse Rods		Baseboards		Cabinets				
Debris		Light Fixtures		Floors		Vent / Fan				
Other:		Electric Outlets		Windows		Commode				
		Doors		Screens		Tub/Shower				
Bedroom Furniture		Living Room Furniture		Blinds θ Shades θ		Medicine Cabinet				
Bed		Couch		Light Fixtures		Sink Area				
Dresser		Chairs		Electric Outlets		Towel Rods				
Desk		Table		Doors		Soap Dish				
Lamp		TV		Stairs/Railings		Doors				
Trash Can				Smoke Alarm		Ceiling				
				Other:		Other:				

Condition Codes:	WT Wear/Tear	G Good	D Dirty	CH Chipped	SR See Remarks	B Burned	N Needs
	IO Inoperative	R Repair	P Paint	T Torn	NA Not Applicable	C Clean	S Stain

Remarks

Inspector Signature: _____ Resident Signature (check-in/out only): _____

BARRACKS INSPECTION CHECKLIST

Group Barracks

Rank & Name of Resident:	Room No.	Time/Date:
Rank & Name of Resident:	Type of Inspection	
	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Check -In <input type="checkbox"/> Just Cause
	<input type="checkbox"/> Other:	<input type="checkbox"/> Check-Out <input type="checkbox"/> Re-Inspect

Instructions: Complete this form for all inspections. For Check-In/Out inspections complete Section II & BEQ/UPH Check-In/Out form, GRPHUMB - 008. If inspecting a two-resident room indicate resident by corresponding number. If inspection result is 'Fail' or 'Other', leave copy of report in resident's room. Resident(s) must rectify all discrepancies within one workday.

Section I - Inspection Items

Resident 1					Resident 2				
No	Inspection Item	Good	Fail	Action	No	Inspection Item	Good	Fail	Action
A.	Vacuum Carpet				A.	Vacuum Carpet			
B.	Empty Trash				B.	Empty Trash			
C.	Clean furniture				C.	Clean furniture			
D.	Clean all surfaces				D.	Clean all surfaces			
E.	Clean refrigerator				E.	Clean refrigerator			
F.	Properly stow gear				F.	Properly stow gear			
G.	Clean doors				G.	Clean doors			
H.	Clean window				H.	Clean window			
I.	Clean trash can				I.	Clean trash can			
J.	Use trash can liner				J.	Use trash can liner			
K.	Make rack				K.	Make rack			
L.	Clean microwave				L.	Clean microwave			
M.	Other (See Remarks)				M.	Other (See Remarks)			

Special Instructions (Check appropriate block)

1	2	Action
		Mandatory meeting with the MAA? <i>Indicate time, date & place:</i>
		Re-inspection scheduled. <i>Indicate time and date:</i>
		Mandatory meeting with Member's Supervisor? <i>Indicate time, date and place:</i>
		To find location of cleaning gear contact the MAA
		If check-in/out inspection has BEQ Check-In/Out form, GRPHUMB -008 been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II – Check- In and Out Only

Resident		Resident		Condition Codes:			
Item	Condition	Item	Condition	WT	Wear/Tear	T	Torn
Locker		Locker		IO	Inoperative	C	Clean
Desk		Desk		G	Good	S	Stain
Trash Can		Trash Can		R	Repair	B	Burned
Refrigerator		Refrigerator		D	Dirty	N	Needs
Bed		Bed		P	Paint	SR	See Remarks
Dresser		Dresser		CH	Chipped	NA	Not Applicable

Remarks

Inspectors Signature:	Resident's Signature (Check-in/Out Only)
-----------------------	--

BARRACKS CHECK-IN/OUT FORM

Type	<input type="radio"/> Check-In Complete Parts I, II, III, VI	<input type="radio"/> Check-Out Complete Parts IV, VI	Part I - Quarters Assigned / Departing	
	<input type="radio"/> TEMP/TAD Complete Parts I thru VI *indicates not applicable		Barracks	BEQ Room # Assigned:

Part II - Personal /Command Data			
Name (Last, first, MI):	Rank	Emplid	Duty Station

Part III - Check-In			
Date Assigned to Barracks:	Rotation/Departure Date:	Date of Birth (DD/MM/YY):	Inspector Name:

Item	Action	Yes	No
Σ	Linen Issued: 1-Blanket o; 1-Pillow case o; 2-Sheets o; 1-Bed Spread o		
	Barracks Room key # Issued:		
	Barracks Instruction Issued		
<input checked="" type="checkbox"/>	Barracks Inspection Checklist GRPHUMB-007 Done?		
λ	Extra storage needed?		
\$	PERSRU notified to stop/change BAH?		

Part IV - Check-Out	
Date Departed:	New Unit/Forwarding Address:

Item	Action	Yes	No
Σ	Linen Returned: 1-Blanket o; 1-Pillow case o; 2-Sheets o; 1-Bed Spread o		
	Barracks Room key # Returned: UPH key # Returned:		
	Barracks Instruction, Returned?*		
λ	Extra storage areas cleared?*		
	Change of Address Card completed?*		
	Phone & TV Service terminated?*		
<input checked="" type="checkbox"/>	Barracks Inspection Checklist GRPHUMB-007 Done?		
\$	Charge for Damages?		
\$	PERSRU notified to start BAH?		

Part V - Temp Check-In/Out (Barracks BEQ Only)	
Type of TAD: o-Medical o-Legal/Discipline o-Discharge o-School o-Awaiting Ship o-Afloat o-Reserve o-Aux	
Estimated Departure Date:	Amplifying info on Reverse? o-Yes o-No

Part VI - MAA/HR and Resident's Signature		
<i>Check-In</i>	MAA/HR Signature/date:	Resident's Signature/date:
<i>Check-Out</i>	MAA/HR Signature/date:	Resident's Signature/date:

PET AGREEMENT

CG Group Humboldt Bay

Section I Resident Information	1. Resident's Name (<i>Last, First, MI</i>):	2. Rank:	3. Resident's Permanent Duty Station	
	4. Housing Area (<i>check one</i>): <input type="radio"/> Eureka <input type="radio"/> Fort Bragg	5. Resident's Address (<i>No. Street/Apt No, Home Phone</i>):		

Section II Type of Pet	6. Type of Pet (<i>i.e. Dog, Black Lab / Cat, brown/white mix</i>)	7. Animal's Name	8. License/Exp Date	9. Sex	10. Age
	1.				
	2.				
	Other Animals:				

Section III – Terms and Conditions

By submitting this document I am requesting permission to maintain the above described pet(s) in my assigned government quarters. I have read and agree to abide by the pet regulations stipulated in the Group Humboldt Housing Manual, and any additional regulations listed below.

1. I am allowed a maximum of two dogs, **or** two cats, **or one of each**, which I have identified in Section II above.
2. I am allowed a **reasonable** number of other pets, such as caged birds, fish, hamsters, and the like, maintained in my home. The reasonable number will be determined by each Housing Office and will be based on factors such as: type and size of unit, number of family members, conditions at site, impact on neighbors, etc.
3. I understand that pets, regardless of type, shall be under positive control at all times when outside of my residence.
4. I will ensure that all my animals will wear an identification tag and be licensed with the local animal authority as required by law. I understand that animals without tags may be impounded by local animal control officers, and that any animal found loose will result in the local animal control office being called to remove it from the housing area.
5. I understand that repeated complaints of my animals left unsupervised, or not under positive control, may result in my pet and/or housing privileges being revoked.
6. I will maintain the areas where my pets are kept (both indoors and outdoors) in a sanitary condition **at all times**. **It is mandatory** for me to clean up after my pets, immediately, on-the-spot, anytime outside of my yard. I realize that failure to do so may result in my pet and/or housing privileges being revoked.
7. I will ensure my pet(s) shall not be a public hazard or nuisance and will be under control at all times. I understand if my animal bites or menaces a person, I will be ordered to permanently remove my pet from the housing area within five days and I may lose my pet privilege.
8. I understand the breeding/raising of animals of any species is prohibited. I am aware accidental litters, which would exceed the total number of two (2) pets, must be removed by the age of 10 weeks.
9. I understand my pets are not to be left in my quarters or fenced yard unattended while I am away. I understand that even though I may have someone care for my pet(s) in my absence, I am still fully responsible for my pet(s) and their actions. I understand I am required to notify the Housing Office with the name and phone number of the pet guardian prior to my departure.
10. I understand it is my responsibility to exterminate fleas in my yard and in my unit. At the time I vacate my assigned quarters, I will ensure there is no flea infestation. If fleas are not properly/adequately exterminated, I understand I will be held financially responsible for an adequate extermination. I further understand I may be held financially responsible to eliminate the problem of lingering pet odors or pest infestations detected within 60 days of my final inspection.
11. I understand a random yearly pet/house cleanliness inspection will be performed at my quarters by the Housing Office staff. I also understand "just cause" inspections may be conducted at any time.

Section IV – Agreement/Acknowledgement

Should any damage occur as a result of my pet's actions, the Housing Authority has my permission to restore my quarters and charge me the costs incurred. I agree to immediately pay these costs and in the event I fail to do so, the Housing Authority has my permission to place a pay adjustment authorization against my pay for the restoration cost. By signing this document I agree to abide by all regulations stipulated. I understand the Housing Authority reserves the right to revoke my pet privilege or my privilege to reside in government quarters for failing to abide by any of these regulations.

Resident's Signature:	Date:
Housing Office Representative's Signature	Date:

HOUSING PRELIMINARY INSPECTION CHECK-OFF SHEET
GROUP HUMBOLDT BAY

Instructions. The items contained on this sheet must be accomplished prior to your final inspection. For your convenience, a space has been provided for your use to check off each item as you complete it. Personnel assigned to UPH/UPLH should contact their Housing Representative regarding items on this list that may need to be modified.

Section I - General Information

Resident Name:	Pre-Check Out Inspection Date:	Check Out Inspection Date
----------------	--------------------------------	---------------------------

	<i>Item</i>	<i>Action</i>	<i>Done</i>
KITCHEN AREA	<i>Cabinets/ Drawers</i>	Clean all cabinets and drawers thoroughly, inside and out. Remove all fingerprints, grease and sticky substances. Clean shelving, removing all dust, food crumbs, litter, etc. Remove all personal paper liners from drawers and shelves. Remove shelf paper.	
	<i>Counter Tops and Sink</i>	Remove all fingerprints, grease and sticky substances. Remove soap residue from sink. Polish all chrome fixtures with a SOS scouring pad (or equal). Make sure garbage disposal does not have remains of food in it. Remove all stains.	
	<i>Range Vent Hood</i>	Clean entire hood inside and out. Hood should be completely free of grease. Disconnect or turn off the power switch to the fan in order to clean fan blades. Replace bulb if burned out. Do not use oven cleaner on hood or any aluminum parts as it will damage the enamel paint finish and ruin the parts. Clean all vents.	
	<i>Gas Range & Electric Range</i>	Clean sides and back of range, sides of cabinets and floor under range. Care must be taken not to pull range out too far to prevent damage to the gas line, electrical cord or floor. Remove all top burner grills, drip-pans, oven racks and broiler pans and clean. Lift the range top and clean outside edges, top, underside and bottom, removing all burned matter and grease. STOVE MUST BE COMPLETELY GREASE FREE. Clean boiler pan, or replace. Clean drawer.	
	<i>Refrigerator</i>	Carefully move the refrigerator away from the wall to clean the exterior of the unit, including top, and floor below. Remove all lint and dust from coils and screen by use of a vacuum or soft brush. Clean all trays and racks in warm water and detergent. Clean all interior surfaces, including rubber gasket, removing all trapped food particles, spills or mildew. Pull out drain pan and empty/clean. Suggest baking soda be placed in refrigerator/ freezer. LEAVE REFRIGERATOR PLUGGED IN AND ON SETTING #2.	
	<i>Dishwasher</i>	Clean entire unit inside and out including rubber door gasket and louvers. Remove all food particles and soap residue. Remove plate from bottom of dishwasher, clean out, and replace.	
	<i>Microwave (if furnished)</i>	Thoroughly clean inside and outside of microwave to remove grease and stains. Clean screens behind louvers.	
BATHROOM(S)	<i>Tubs, Tiles & Showers</i>	Clean bathtub, tiles, and shower doors & tracks. No soap film, mildew, sediment or stains can be left in tub, on walls or shower doors. Do not use abrasive cleaner if you have a fiberglass tub. Polish all chrome fixtures with a SOS scouring pad (or equal). Remove scale, old caulking. Re-caulk around tub (seek Housing assistance if necessary).	
	<i>Exhaust Fan(s)</i>	Turn off main power to fan at circuit breaker box. Remove fan cover and clean blades, frame and housing. Use extreme caution to prevent water or cleaner from entering motor. Replace cover. DO NOT DISASSEMBLE.	
	<i>Sinks, Mirrors & Counter Tops</i>	Remove all fingerprints, stains and soap residue. Polish all chrome fixtures with a SOS scouring pad (or equal). Clean out sink(s). There should be no stains on counter top or in sink. Mirrors should be clean and spot free.	
	<i>Medicine Cabinet</i>	Clean and disinfect inside and outside frame. Remove shelves, wash and reinstall. Clean mirror front to remove all stains, water spots and streaks.	
	<i>Toilets</i>	Clean and disinfect inside and outside of toilet bowl and tank removing all stains. Clean toilet seat, lid and underneath rim. Remove all additives from water. Tighten toilet seat.	
	<i>Heat Lamp (if applicable)</i>	If heat lamp is burned out, it must be replaced with another heat lamp NOT a regular light bulb.	

(Continued on Page 2)

	Item	Action	Done
ALL INTERIOR ROOMS	Floors	Sheet Vinyl/Floor Tiles: Remove all dirt, wax and scuff marks (strong TSP solution works good). Pay special attention to corners and along metal strips. Do not use excessive amount of water on floors. DO NOT WAX. Clean baseboards and all trim. Carpets: All carpets must be steamed cleaned. If carpeted areas are excessively dirty, a professional cleaner should be hired. Final inspections will not be done on wet carpets. It is the responsibility of the resident to plan ahead. Hardwood Floors: Sweep & remove any marks as directed. Don't use water on floors.	
	Walls and Ceilings	Walls and ceilings must be washed in preparation for painting. Pay particular attention to the kitchen and bathroom walls. TSP or ammonia/water mixture is effective. Some spray cleaners leave an invisible film to which paint cannot adhere. If using a spray cleaner, please rinse/wash walls thoroughly. Special attention to kitchen walls must be paid; remove all grease and food spatters. Remove all nails, picture hangers and hooks from walls. Do not remove plastic anchors from walls. You will be advised whether or not to patch. Remove all marks, handprints and cobwebs from walls and ceilings. If the walls are excessively dirty beyond normal wear and tear the resident will be required to repaint entire room with matching color and type of paint. Thoroughly clean all electrical plate covers, baseboards and all trim. Fill all nail holes. Return wall color to original CG White.	
	Woodwork	Clean all doors and door frames and woodwork throughout unit. All grease, sticky substances and fingerprints must be removed from cabinets, drawers, doors and hand railings. Remove all nails/tacks. Clean door tracks of sliding closet doors.	
	Windows	Wash all windows, inside and out, ledges, casings and window tracks. Some windows can be removed to clean both sides (ask your inspector). Opposite windows can be washed down with a squeegee. Remove and wash both sides of window screens and vertical/mini-blinds and reinstall. All windows should be free of streaks.	
	Decals and Tape	All decals, tape and sticky residue must be removed. Rubber decals in bathtubs and shower stalls must also be removed.	
	Light Fixtures	Remove, clean and re-install all light covers. Clean light fixtures to remove dust, dirt and marks. Replace any missing or burned out light bulbs with a maximum wattage of 60W. It is the responsibility of the resident to purchase light bulbs.	
	Patio Doors	Clean glass and screen door, doorframe and door track. All areas should be free of dirt, including the corners. Any damage done by pets to the glass or screen door is subject to a monetary charge.	
	Furnace & Hot Water Heaters and Vents	Clean furnace and hot water heater area. Replace the air return filters throughout the unit. All vents must be dust free. Vent covers can be removed and run through the dishwasher. Clean outside dryer vent (if accessible). If dryers are furnished, clean along the edges and around the lids of both. Clean filter in dryer. Remove/replace furnace filter.	
	Detectors	Clean and test smoke and CO detectors. Replace batteries if needed.	
	Fireplace	Remove ashes and clean. Brush down walls with stiff brush and remove soot. Polish any fireplace equipment.	
EXTERIOR (if applicable)	Garbage Cans, Recycle Bins, & Garbage	Garbage cans and recycling bins must be cleaned, washed out with a disinfectant and placed in storage area/garage. All trash and garbage must be removed from premises prior to final inspection. Bags, boxes, and discarded items are not to be left in garage, carport, or common areas. Remove all haz-mat (i.e. electronics, paints, chemicals).	
	Lawn/Garden Areas	Lawns must be watered, mowed, weeded, edged and policed for paper or debris (including pet feces). Garden areas and flowerbeds must be cultivated and weeds removed. All weeds/grass must be removed from patio/garbage enclosure areas. Water lawn sufficiently so grass is green. Cultivate and re-seed all bare areas and fill all holes. Pet damage to grounds is the responsibility of the resident. Driveways, sidewalks and curbs must also be weeded. Trim all shrubs and bushes if required. Remove old satellite dish if present. Leave post and any wiring.	
	Garage, Stalls & Driveways	Garages, driveways and parking stalls must be free of any fresh oil stains and all debris. Wash down all concrete walkways.	
	Walls, Doors and Light Fixtures	Wash down all exterior walls and doors, front and back, including doorframes. Clean fingerprints and remove cobwebs. Clean outside light covers & replace burnt out bulbs.	
	Storage Sheds	Outside storage sheds must be emptied, swept and washed out. Clean exterior.	
Personal Structures and Additions	Any structure or addition you have installed, or placed on the premises, must be removed prior to the final inspection, unless prior approval is received (i.e. metal storage sheds, fences, awnings, etc.). Restore any damaged grounds as required.		

(Continued on Page 3)

	Item	Action	Done
OTHER INFORMATION	<i>Residents With Pets</i>	It is the responsibility of any pet owner to exterminate fleas in their yard and unit. At the time of vacating, you will ensure there is no flea infestation. <u>If fleas are not properly/adequately exterminated, you will be held financially responsible for an adequate extermination. Any lingering pet odors or pest infestations detected within 60 days of your final inspection may result in monetary charges against you to eliminate the problem(s).</u>	
	<i>Keys/Garage Door Opener</i>	All keys and garage door openers must be turned in to the Inspector at final inspection.	
	<i>Communicate</i>	Call attention to any repair work that has not been completed by the Housing Maintenance Contractor. Alert the Housing Representative to any problems you may be aware of either in the unit or the neighborhood.	
	<i>To Do's</i>	<ul style="list-style-type: none"> o Change of Address To Postal Service? o Stop Newspaper Delivery? o Turn off Telephone Service? o Turn off Cable TV Service? 	
	<i>The Final Inspection</i>	<ol style="list-style-type: none"> 1. Allow yourself at least three (3) days to clean your quarters after you pack out. 2. All personal items must be removed from quarters before final inspection. 3. All trash, boxes, garbage and hazardous waste materials must be removed before final inspection. 4. Have cleaning materials on hand for your final inspection to include mop, broom, brush, degreaser, glass cleaner, paper towels, rags or sponges. These items will come in handy if you do not pass your first inspection. 5. If you hire someone to clean your quarters, it is a private contract between you and the cleaner. The Housing Office can not mediate disputes or get involved in your contract with a cleaner. You are still responsible for the cleanliness of your unit and you must be present for the final inspection. It is suggested you have any contract cleaner you may have hired at the final inspection with you. 6. Equipment for lawn care and other self-help items are available on a "first come, first served" basis. Please plan ahead and don't rely on self-help for services. 7. Do not allow movers to drive onto grass during your pack out. 8. The service member is required to be present at the final inspection. Power-of-Attorney will be required for spouses who stand in for service members unavailable due to emergency situations. 9. If something comes up and you can not make the final inspection date, please contact your Local Housing Office immediately. Remember, your entitlement to BAH depends on a successful and complete Final Inspection. 	

WEAPON AND VEHICLE REGISTRATION FORM

Instructions: This form is used to register vehicles and weapons with the Local Housing Office. Please complete Section I-III, providing all requested information.

Section I - General Information

Service Member's Name (Last, First, MI):	Rank	Command
--	------	---------

Quarters Type: <input type="radio"/> Family <input type="radio"/> UPH/BEQ	Quarters Assigned (Street, Apt #, Home Phone Number)
---	--

Notification/Authorization for Weapons/Firearms(s) in Coast Guard Housing (Negative Replies Are Required)

Type/Brand	Gauge/Caliber	Model #	Serial #	Permit # w/ State

Section II

Certification: It is mandatory all housing residents register their weapons with the Housing Office during their occupancy in government quarters. Weapons are defined as (but not limited to): Firearms, BB and pellet guns, paintball guns, hunting knives, switchblade knives, swords, bows and arrows. You swear that the weapons listed above are the only weapons in your residence. If you have listed "NONE", you swear there are no weapons in your residence. If your weapon status changes, you will notify the Housing Office in writing immediately upon acquiring the weapon(s). You understand that by submitting false information, you are subject to administrative and/or judicial punishment. It is understood if you, or your family members, are found guilty of discharging any firearm within or near government owned/leased housing you will be subject to eviction. You will ensure that your firearm/weapon is stored in accordance with California laws while in government quarters. You understand you are required to comply with all applicable Federal, State and local laws, including Group Humboldt Bay SOP. This includes the Lautenberg Amendment. (LA) (Enclosure 3), which will be fully enforced by Group Humboldt Bay Command. In accordance with the LA you hereby certify that you have never been convicted of a misdemeanor crime of domestic violence.

Vehicle Registration (Includes Boats, Recreation Vehicles and Campers) (Negative Replies Are Required)

Make/Model	Year	Color	Decal Number/Expiration Date/Issuing Command	License & State

Section III

Certification: All vehicles owned by residents must have a valid state registration. **Unregistered, abandoned, improperly parked and inoperable vehicles are not allowed in the housing area.** All residents are required to follow established command/housing procedures for correctly using, stowing, and protecting privately owned vehicles.

Signature of Service Member:	Date:
------------------------------	-------

Housing Representative Signature:	Date:
-----------------------------------	-------

LONG TERM PARKING REGISTRATION FORM

Instructions: This form is used to register vehicles and weapons with the Local Housing Office. Please complete Section I-III, providing all requested information.

Section I - General Information

Service Member's Name (Last, First, MI):		Rank	Command
Quarters Type: <input type="radio"/> Gov't <input type="radio"/> Economy	Home Address(Street, Apt #, Home Phone Number)		

Section II Vehicle Registration

Spot	Make/Model	Year	Color	Decal Number/Expiration Date/Issuing Command	License & State

Certification: All vehicles parked in long term parking must have a valid state registration. Unregistered, abandoned, improperly parked and inoperable vehicles are not allowed in the housing area. All residents are required to follow established command/housing procedures for correctly using, stowing, and protecting privately owned vehicles.

Signature of Service Member:	Date:
Housing Representative Signature:	Date:

INSURANCE FACTS FOR RESIDENTS

Section I Service Member Information: Please print.

Service Member's Name (*last, first, MI*):

Rank/Rate:

Permanent Duty Station (*Include Work Phone #*):

Quarters Assigned (*Street, Apt #, City, State, Zip, Home Phone*):

Section II The purpose of this form is to provide information to you concerning insurance coverage so you can protect yourself against loss and to help prevent misunderstanding about the U.S. Government insurance coverage. It is not an effort by the U.S. Government to change responsibilities that are authorized by legislature.

1. Generally, except under special circumstances, the U.S. Government and/or the U.S. Coast Guard is NOT legally responsible for loss to the resident's personal property, possessions or personal liability and the U.S. Government/U.S. Coast Guard will not cover such losses or damages.
2. If damages or injury to U.S. Government property is caused by the resident, the resident's guest(s) or child (children), the U.S. Government will have the right to recover payments made to resolve such damages or injury.
3. Following is a non-inclusive list of examples of possible costly misfortunes that, except for special circumstances, you could be legally responsible for:
 - a. Neighborhood children play street hockey and break your vehicle's windshield.
 - b. Your defective electrical extension cord starts a fire, which causes damage to the building and your personal property and/or the personal property of others.
 - c. A friend, or a handyman you hire, is injured, when he slips on the floor you have just waxed.
 - d. You forget the bath water is running and it floods and damages your unit.
 - e. Your locked car is broken into and your personal property, and that of a friend, is stolen.
 - f. A burglar breaks your front door, storage room and/or garage lock and steals your valuables or personal property.
4. If you desire to protect yourself and your property against loss, damage, or liability, the U.S. Government strongly recommends you consult with your insurance agent and obtain appropriate coverage for fire, theft, liability, and other perils. The cost is reasonable considering the peace of mind, the protection, and the financial security that you get if you are adequately protected by insurance.

Service Member's Signature:

Date:

Section III:

Housing Representative's Signature:

Date:

GUEST AUTHORIZATION REQUEST

Section I Service Member Information: Please print.

Service Member's Name (<i>last, first, MI</i>):	Rank/Rate:
---	------------

Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):
---	---

Section II This request is valid for up to 30 days. If you anticipate your guest(s) will remain beyond 30 days, a written request must be submitted to the Local Housing Officer, via your Commanding Officer, and must be approved prior to the expiration of this request.

GUEST INFORMATION

Name (First, M. I., Last)	Age	Relationship to Resident	Arrival Date	Departure Date

CERTIFICATION: Jointly and individually, we hereby certify that no financial consideration is being paid to the resident or any member of this family by the guest(s) as rental for occupancy of the premises. Additionally, the assigned member is responsible for the conduct of his/her guests.

Guest Signature:	Date:
------------------	-------

Service Member's Signature:	Date:
-----------------------------	-------

Section III: AUTHORIZATION

<input type="radio"/> Approved <input type="radio"/> Disapproved	Local Housing Officer Signature:	Date
---	----------------------------------	------

Remarks

Section I Service Member Information: Please print. This agreement to occupy the premises indicated is issued by the United States Government, acting through the United States Coast Guard, and the Service Member identified below. By execution of this agreement, the service member agrees to comply with all terms, conditions and provisions specified.

Service Member's Name (<i>Last, First, MI</i>):	EMPLID:	Rank/Rate:
---	---------	------------

Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):
---	---

Section II PROVISIONS OF OCCUPANCY

You as the military member will use the premises as a private residence for you and your family, and you will not assign this agreement, nor sublet any part or portion of the premises to any person not a member in your family nor allow any other person or persons to reside on the premises without the prior written approval of the Local Housing Officer.

You as the military member have viewed and signed all Housing forms and application documents pertaining to acceptances of military housing.

You as the military member will not do or permit anything to be done on the premises, or bring or keep anything thereon, which will in any way constitute a fire hazard, or violate any regulations prescribed by the Government relating to fire prevention, or do or permit to be done on the premises, any immoral, illegal or criminal act.

You as the military member will conduct yourself in a proper manner as a resident with due regard for the rights of other residents of the housing site.

You as the military member have read the Coast Guard Housing Manual and Group Humboldt Bay Organizational Manual and all supplements thereto and will comply with the provisions of these instructions and maintain the structure and grounds in accordance with the standards prescribed for the housing site.

You as the military member, upon vacating, recognize you are financially liable for loss or damage to Government property due to negligence, wrongdoing, or other similar causes.

That upon receipt of orders or loss of eligibility to occupy the Government quarters, you will immediately notify the Local Housing Officer of the effective date by submission of a 45 day notice of intent to vacate.

I hereby acknowledge, by my signature below, it is my responsibility to notify my Personnel Payroll Office immediately upon assignment to housing. If any overpayment of BAH occurs, I understand I am responsible for repayment. I understand if I knowingly accept payment of BAH when not authorized, I am subject to administrative and disciplinary action in accordance with the UCMJ.

Section III APPLIANCE AND EQUIPMENT INVENTORY RECEIPT

Inventory	Qty	Inventory	Qty	Inventory	Qty
Dishwasher	1	UPH Furniture <small>(See Inspection Sheet for Inventory)</small>		Mailbox Key	
Refrigerator	1	Clothes Washer		Garage Door Key	
Range	1	Clothes Drier		Garbage Can	
Microwave		Door Key			

Section IV EXECUTION OF AGREEMENT

The administration of this agreement will be under the supervision and control of the Coast Guard Group Humboldt Bay Housing Office.

Housing Representative Signature:	Date:
-----------------------------------	-------

Service Member's Signature:	Date:
-----------------------------	-------

Department of Homeland Security
U.S. Coast Guard

ADDENDUM TO RESIDENT OCCUPANCY AGREEMENT

Section I Service Member Information: Please print. This agreement to occupy the premises indicated is issued by the United States Government, acting through the United States Coast Guard, and the Service Member identified below. By execution of this agreement, the service member agrees to comply with all terms, conditions and provisions specified and those contained in the Coast Guard Housing Manual, COMDTINST M11101.13 (series)

Service Member's Name (Last, First, MI):

EMPLID:

Rank/Rate:

Permanent Duty Station (Include Work Phone #):

Quarters Assigned (Street, Apt #, City, State, Zip, Home Phone):

Section II PROVISIONS OF OCCUPANCY

Please read each statement and acknowledge by initialing in the block.

- | | |
|-----|---|
| (1) | I have read P.L. 110-140, Section 522 and understand the requirements placed on the Coast Guard. |
| (2) | I understand the disposal requirements if I use a CFL in place of an incandescent bulb. |
| (3) | I understand the EPA recommended clean-up procedures if a CFL is broken in my home. |
| (4) | I understand the requirement to notify the Housing Office if a CFL is broken and I will not attempt to remove any flooring or CG-owned fixture from the home as a result of a broken CFL. |
| (5) | I have received a copy of P.L. 110-140, EPA's "Frequently Asked Questions: Information on CFLs and Mercury", EPA's "How to Choose" table, and the USCG disclosure letter on mercury. |

Section III EXECUTION OF AGREEMENT

I have received a copy of the required enclosures and will read and abide by all of the regulations.

Service Member's Signature:

Date:

Housing Representative's Signature:

Date:

ACCEPTANCE OF ONE LESS BEDROOM ENTITLEMENT

Section I Service Member Information:

Service Member's Name (*last, first, MI*):

Rank/Rate:

Permanent Duty Station (*Include Work Phone #*):

Quarters Being Assigned (*Street, Apt #, City, State, Zip, Home Phone*):

of Bedrooms

Section II

I the undersigned, hereby voluntarily accept the military family housing unit listed above, which is one bedroom less than that to which I am entitled. I fully understand I am not authorized to request adjustment of housing to a larger unit at a later date based on my current family size.

Section III:

Service Member's Signature:

Date Offered/Assigned:

Housing Representative's Signature:

Date Offered/Assigned:

ASSIGNMENT AND ACCEPTANCE OF GOVERNMENT QUARTERS

Section I You are hereby assigned to the adequate quarters indicated below. You must occupy these quarters on or after the date shown as the available date. "Date Assigned" must be within 30 days of "Date Accepted". Assignment and retention of these premises is predicated on your continued eligibility and your compliance with all local housing instructions.

Service Member's Name (<i>last, first, MI</i>)	Rank/Rate:	Control Date	
Quarters Assigned	# of Bedrooms	Date Available	Date Accepted
			Date Assigned

Section II

I, the undersigned, hereby accept assignment to the quarters listed above. I understand this assignment is made as a result of my attachment to an activity, which is located within commuting range of the above quarters. Commuting range is designated in Coast Guard Housing Manual. I understand this assignment is also based on the position of my control date, shown above, on the wait list. I certify that upon acceptance, I will have at least 1 year left on my tour of duty in my present assignment, or one serviced by this Housing Office.

Please initial next to the appropriate line.

() I accept the quarters above and wish to be assigned (take keys) on this date. I understand a CG-5267A will be prepared to stop my BAH effective 2400 on the date prior to this date.

() I accept the quarters above but due to my current situation I do not want to be assigned (take keys) until the date specified (must be within 30 days of acceptance date). I understand my BAH will not be stopped until I accept keys.

Delay my assignment until _____.
 (specify date)

() I accept the quarters with the understanding I am required to occupy these quarters for a period of at least one year from this date. I understand I will not be granted a waiver to receive BAH and live in the private community if I have not yet met this one-year requirement. I understand the only way I will be released from this obligation is if I am in receipt of Permanent Change of Station (PCS), or separation orders.

Service Member's Signature	Date
Housing Representative's Signature	Date

Section III: Decline Offer of Government Quarters

I decline the government quarters offered above. I understand by declining this valid offer of adequate government quarters I will not be allowed to re-apply for Coast Guard housing for a period of one year from this date.

Service Member's Signature:	Date Offered:
Housing Representative's Signature:	Date Offered/Assigned:

CARBON MONOXIDE (CO) ALARM CUSTODY FORM

I, the undersigned resident of Military Family Housing,

...accept custody of **1** or **2** or **3** Carbon Monoxide Alarms,
(Circle One)

...understand if the Carbon Monoxide Alarm is damaged or missing during my residency or when I vacate quarters, I will be responsible for the replacement cost of approximately \$62 per alarm. The User's Guide should be kept with/near the alarm,

...will educate myself and my family members on how to monitor the alarm and what actions to take in the event the alarm sounds,

...will regularly test the alarm and perform maintenance when required in accordance with the Owners Manual

Printed Service Member's Name (*last, first, MI*):

Assigned Quarters:

Resident Signature:

Date:

Housing Representative Signature:

Date:

OCCUPANT RESPONSIBILITIES

Please read each statement and acknowledge by initialing in the preceding block.

	I understand my requirement to keep personnel at the Coast Guard Housing Office informed of any eligibility changes, i.e. marital status, pay grade, rotation date, family composition.
	I understand my eligibility for Coast Guard housing ceases upon my transfer from the immediate Humboldt Bay Area. (Coast Guard Housing Manual)
	I understand that I am required to provide a Notice of Intent to Vacate. Failure to provide 30-day notice may result in forfeiture of BAH for the full 30-day period. I understand that I must schedule pre and final inspections.
	I understand I am required to register all weapons upon assignment to quarters or immediately after the purchase of new or additional weapons. (GRBHUMB-011)
	Coast Guard Family Housing is government property yet the local law enforcement/fire department maintains jurisdiction. Therefore, in the event of an emergency I am directed to contact my local PD/FD. (Call 911 for emergency matters and contact the local housing office @ 707-442-1473 Eureka)
	I have reviewed the "Group Humboldt Bay Housing Appendix," and will ensure my family members and guests follow the regulations.
	I understand authorized personnel can inspect my quarters at any time. Reasonable notification will be given when appropriate (1-5 days), however, unannounced inspections for major violations (i.e. housekeeping violations, etc.) will receive no advanced notification. (In accordance with the Coast Guard Housing Manual)
	I understand I am financially responsible for all damages due to negligence, unauthorized alterations and damaged or missing government property.
	It is strongly encouraged that I carry renter's insurance. If I own a waterbed or play structure I am required to carry liability insurance. (Play structure ownership is limited). Trampolines and swimming pools are prohibited.
	I understand that an Absence from Quarters form must be submitted when quarters are to be vacant more than 7 days. (The Housing Office must approve any absence of 60 days or more, with the maximum time allowed for both the sponsor and family members to be away at 20 weeks. An exception to policy must be submitted, in advance, for periods exceeding 20 weeks.)
	I understand I am required to register all guests who remain for more than 72 hours. (Guests may remain no longer than 30 days. Any exception requests due to hardship must be submitted, in advance, for periods exceeding 30 days.)
	I understand the pet policy for my housing site. Any damage to quarters or flea infestation caused by my pet(s) will be my financial responsibility. I further understand I may be held financially responsible to eliminate the problem of lingering pet odors or pest infestations detected within 60 days of my final inspection. (GRUHUMB-009)
	I understand I am responsible for the performance of routine maintenance (replacing light bulbs, repairing leaking faucets, broken electrical cover plates, loose door knobs, etc), housekeeping and, where appropriate, grounds care. I understand electrical repairs are restricted to changing of light bulbs, cover plates, and these types of minor repairs. No rewiring or repairing of circuits, switches, etc. is allowed. I am aware I must call my local Housing Office for emergency and routine services.
	I understand there is zero tolerance concerning drugs in family housing. Any incident with drugs is cause for an immediate eviction.

Continued on Page 2

Please read each statement and acknowledge by initialing in the preceding block.

	I understand parking is restricted to streets, private driveways, garages, marked parking spaces and parking lots. Parking is on a first come, first served basis in all unassigned spaces. No vehicles may be parked on grass/landscaped areas or in alleyways at any time. Recreational vehicles such as, trailers, campers, boats, jet skis, etc. are not permitted to be stored/parked in the streets or driveways in any housing site. Any recreational vehicle that fits inside a garage is allowed with the approval of the Housing Office. All vehicles must be licensed/registered and in operative condition (or are subject to towing).
	I am aware pest control in my quarters is my responsibility. Sanitation is the most effective means for controlling many household pests, and it is my responsibility to properly clean and maintain my assigned quarters. If an infestation of pests is evident, I must contact personnel at the Housing Office for assistance.
	It is my responsibility to conserve our natural resources. I understand utility and water conservation is required. Repeated violations of excess utility usage could be the basis for termination of my assignment.
	In the event a family member is locked out of my quarters, I understand I may come to the Housing Office to borrow a key if during regular working hours. I understand I will be provided front key(s) and mail box key(s) for my use and in some locations a garage door key(s) I understand I may not duplicate any keys and I can be charged for any lost keys. Additionally, at my final vacate inspection, I must return all keys checked out to the quarters or I may be charged for re-keying the quarters and mailbox. (# of key(s) issued ___ Doors ___ Mailbox ___ Garage)
	Should problems arise with my neighbors, we will attempt resolve our differences privately and courteously.
	I will ensure my children under 6 years of age will have adequate supervision when outdoors. My children under 18 years of age will follow curfew laws as they may apply for my housing site.
	I have received a Lead Based Paint and/or Asbestos disclosure, if applicable to my site.(GRUMHUMB-024)
	I understand it is my responsibility to dispose of all packing materials/boxes.
	I understand the unit assigned to me will have a "Check-In" inspection performed, with me present, by a government representative. The pre-existing condition of the unit will be noted on my "Quarters Inspection Checklist" form GRPHUMB-004. I understand any further pre-existing conditions found after the Check-In inspection must be submitted to the Housing Office within two weeks of my move in or they will not be allowed.
	I understand I am responsible for practicing good housekeeping and for keeping my quarters in a clean and sanitary condition.
	I understand I must get prior written approval from the Housing Office before making any modifications to my quarters. This includes any planting, painting or installation of a satellite dish. I further understand that upon termination of assignment to quarters I must return my unit to the original, or an approved, condition at my own expense. (In accordance with the Housing Manual)
	I understand I must obey all traffic regulations throughout all housing areas. I further understand repeated violations of traffic regulations can be the basis for termination of my assignment.

Continued on Page 3

Please read each statement and acknowledge by initialing in the preceding block.

	I understand I am responsible for the care of my yards, which includes watering, and cutting of grass, small bush trimming and trimming of trees up to 6ft. (Since many of the units have different size yards and configurations, my responsibility will be stated to me upon my assignment.)
	I understand that auto maintenance is restricted to minor adjustments such as tire changes and changing of wiper blades. I understand the changing of motor oil, other automotive fluids and battery replacement is strictly prohibited. I will also be responsible for any oil or grease damage. I further understand I will be charged for any cleaning/restoration of government property. I also understand any work that causes a nuisance or safety hazard to neighbors is prohibited. Under no circumstances is commercial work or repairs allowed.
	I understand that the use of spray on oven cleaners and contact paper on shelving is prohibited. All stoves should be cleaned with only a mild detergent of my choice.
	I understand that use of an alternative phone company provider, must have prior approval from the Housing Office to ensure proper wiring practices and responsibilities.
	I understand I am to use <u>only</u> automatic dishwasher detergent in my dishwasher.
	<i>For UPH Residents Only:</i> I understand I am required to follow the manufacturer's instructions regarding the use of my government provided washer/dryer. I understand I am not to overload either of these appliances and will not exceed instructed detergent amounts.
	Comments:

Service Member's Signature	Date
Housing Representative's Signature	Date

Department of Homeland Security U.S. Coast Guard GRPHUMB-020 (Rev. 01/08)	RESIDENT CHARGES/DAMAGES WORKSHEET
Service Member's Name	Address

The following charges have been determined to be the responsibility of the member named above.

ITEM	QTY	COST	PRO RATED DEDUCTION	COMMENTS	FINAL COST

TOTAL					
--------------	--	--	--	--	--

OPTIONS: 1. You may repair the damages yourself.
2. You may hire an outside vendor to repair the damages.
3. You may pay for the charges as indicated to the U.S. COAST GUARD.

NOTE: IF YOU CHOOSE ITEM 1 OR 2, REPAIRS MUST BE TO THE SATISFACTION OF THE HOUSING OFFICE.

CHARGES ON PRE-INSPECTION: YES NO **INSPECTOR:** _____ **DATE:** _____

CHARGES ON FINAL INSPECTION: YES NO **INSPECTOR:** _____ **DATE:** _____

I understand these damages must be corrected or paid prior to my final clearance from government quarters. If I elect to pay for the charges, I understand I must report to the Housing Office with a cashier's check or money order, payable to the "United States Coast Guard" for the amount indicated above prior to my final clearance from quarters. If I do not have sufficient funds at the time of my final clearance date to cover the amount, I understand a "DD Form 139 Pay Authorization Adjustment" will be submitted to liquidate the debt.

SIGNATURE OF INSPECTOR	DATE	SIGNATURE OF RESIDENT	DATE

Department of Homeland Security U.S. Coast Guard GRPHUMB-021 (Rev. 01/08)		<h2 style="margin: 0;">RECORD OF HOUSING INVESTIGATION</h2>	
PRIVACY ACT STATEMENT			
PERSONAL information from the individual is solicited. As required by the Privacy Act of 1974, we advise: <u>AUTHORITY</u> : 10 USC 2775, COMDTINST M11101.13D <u>PRINCIPAL PURPOSE</u> : To report the facts and circumstances supporting the assessment of pecuniary charges for the loss, damage, or destruction of family housing or bachelor quarters/UPH property, or for the failure to clean a family housing unit satisfactorily. <u>ROUTINE USES</u> : To report and/or initiate inquiries of liability in cases of loss, damage, or destruction to housing property, or failure to clean a family housing unit satisfactorily, and record the findings and actions taken. <u>DISCLOSURE IS VOLUNTARILY</u> : Refusal to explain the circumstances under which the property was lost, damaged, destroyed or not cleaned satisfactorily, may be considered with other factors in determining if an individual will be held pecuniary liable.			
1. INVESTIGATION NUMBER		2. DATE INITIATED	
3. TYPE (X appropriate blocks)			
a. <input type="checkbox"/> <input type="checkbox"/>		b. <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/>	
4. STOCK NO.	5. ITEM DESCRIPTION	6. COST	
7. RECORD OF DISCOVERY OR REPORT OF LOSS/DAMAGE/CLEANING REQUIREMENT			
a. STATEMENT			
b. NAME AND SIGNATURE OF PERSON INITIATING REPORT			c. DATE
8. COST AND RECOMMENDED CHARGE			
a. TOTAL COST		b. RECOMMENDATION	
9. LOCAL HOUSING MANAGER/OFFICER			
a. SIGNATURE		c. DATE	d. PHONE

10. INVESTIGATING OFFICER FINDINGS AND RECOMMENDATIONS (USE ADDITIONAL SHEETS, IF NECESSARY)	
11. INVESTIGATING OFFICER	
12. INDIVIDUAL CHARGED. I HAVE EXAMINED THIS REPORT AND:	
a. <input type="checkbox"/> SUBMIT THE ATTACHED LETTER OF OBJECTION <input type="checkbox"/>	b. AM AWARE OF MY RIGHTS TO (1) RECEIVE LEGAL ADVICE, (2) APPEAL, AND (3) REQUEST WAIVER OF INDEBTEDNESS IF PEUNIARY CHARGES ARE ASSESSED.
c. SIGNATURE	d. DATE
13. a. RECOMMENDATIONS	b. SIGNATURE AND DATE
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
14. INSTALLATION COMMANDER (IF BLANK, SEE BLOCK 15)	
a. ORGANIZATION ADDRESS	b. RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
	c. SIGNATURE AND DATE
15. APPROVING OFFICIAL	
a. ORGANIZATION ADDRESS Group Humboldt Bay 1001 Lycoming Way McKinleyville, CA 95519-9309	b. FINAL ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	c. AMOUNT CHARGED
	d. SIGNATURE AND DATE

REQUEST FOR RELEASE FROM CURRENT UNACCOMPANIED PERSONNEL HOUSING (UPH) ASSIGNMENT

Section I Please fill in **all data** requested completely. Failure to do so will delay the processing of your request. Forward your request through your proper chain of command. The Local Housing Officer will only consider requests that have been completely filled out and approved. Approval must be by the member's Commanding Officer, or designee, with signature.

Service Member's Name (<i>last, first, MI</i>):		Rank/Rate:	SSN (last 4)	Command
Current Berthing Address	Male/Female	Tour Rotation Date	Commanding Officer's Recommendation/Signature	

Section II

I, the undersigned, understand I am requesting permission for a release from my current assignment to Unaccompanied Personnel Housing (UPH). I also understand the conditions set forth below, which I have initialed.

Please initial next to each line.

- () I understand by electing to receive my BAH I will not be able to seek or return to government quarters for the remainder of my current tour.
- () I understand by receiving BAH I am prohibited from residing overnight in any government quarters, including on any ship, while in homeport unless required to do so (such as in port duty days or underway periods).
- () I understand I am required to submit an Intent To Vacate Form with the housing office at least 45 days prior to my departure. I also understand my BAH will not start until I have successfully cleared my UPH quarters. I further understand I am not entitled to Dislocation Allowance (DLA) or a government funded household goods move.

Service Member's Signature	Date Submitted
Local Housing Representative's Signature	Date Received

Section III: Area Housing Officer Decision on Release From Current Assignment To Unaccompanied Personnel Housing.

The following determination has been made regarding the above request for a release from the current housing assignment to UPH quarters. Any appeal of a negative decision must be submitted in writing, via the proper chain of command, to the Area Housing Officer.

<input style="width: 50px; height: 30px;" type="checkbox"/> Approved (LHO initials)	<input style="width: 50px; height: 30px;" type="checkbox"/> Disapproved (LHO initials) Added to Wait List ___ Yes ___ No
---	---

Housing Officer's Signature:	Date:
------------------------------	-------

Department of Homeland Security
 U.S. Coast Guard
 GRPHUMB-023 (Rev. 01/08)

UPH FURNITURE AGREEMENT

Section I Service Member Information: Please print. By execution of this agreement, the service member agrees to comply with all terms, conditions and provisions specified.

Service Member's Name (<i>last, first, MI</i>):		Rank/Rate:
Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):	

Section II FURNITURE INVENTORY RECEIPT

You as the military member will be held responsible for the government furniture assigned to your bedroom. By signing this agreement you understand any damage or loss of any item may result in monetary charges being assessed to you to reimburse the U.S. Coast Guard.

THE FIRST 5 NUMBERS OF THE ADDRESS MAKE UP THE FIRST 5 NUMBERS OF THE SERIAL NUMBER. THE MEMBER OCCUPYING THE MASTER BEDROOM SHALL BE INDICATED BY THE #1, THE MEMBER OCCUPYING THE GUEST BEDROOM SHALL BE INDICATED BY THE #2. FOR EXAMPLE THE SERIAL# FOR THE BED IN THE GUEST BEDROOM AT 3063-B KANSAS CITY DRIVE WOULD BE: 3063B2BD1

	ITEM	SERIAL#	QTY	CONDITION OF THE ITEM
1	Bed		1	
2	Night stand		1	
3	Chair		1	
4	Armoire/Desk		1	
5	Table lamp		1	
6	Dinning Table		1	
7	Dining Chair		2	
8	Couch		1	
8	Coffee table		1	
9	Love seat		1	
10	Washer		1	
11	Dryer		1	
12	Floor lamp		1	
13	End table		1	

Section III EXECUTION OF AGREEMENT

The administration of this agreement will be under the supervision and control of the Local Housing Office.

Government Representative Signature:	Date:
Service Member's Signature:	Date:

U.S. COAST GUARD ENVIRONMENTAL HEALTH HAZARDS DISCLOSURE LETTER

Lead Warning

Housing built before 1981 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children under age seven and pregnant woman. The Coast Guard must disclose the presence of known lead based paint and/or lead-based paint hazards in the dwelling before assigning personnel to pre-1981 housing. Personnel assigned to pre-1981 housing must also receive a Federally-approved pamphlet on lead poisoning prevention.

Coast Guard Housing Disclosure

(a) Presence of lead-based paint hazards (check (1) or (2) below):

(1)____ The Housing unit at _____ **HAS** been assessed for environmental health risks and known lead-based paint and/or lead-based paint hazards are present in the housing unit (explain). List all other known environmental health risks (i.e. asbestos and radon) in ERA report, include common areas (e.g. playground equipment, lead in soil, etc.)

Environment Risk Assessment Reports #54 & 26 has identified the following components containing lead-based paint; (attach list if needed) Include past and future planned remediation efforts and give specific dates of remediation, if known.

SEE ATTACHED SHEETS FOR THE LOCATION OF ALL COMPONENTS LEAD-BASED PAINT, ASBESTOS CONTAINING MATERIAL, LEAD IN SOIL, AND COMMON AREAS THAT CONTAIN LEAD IN SOIL.

If any of the components listed above become damaged or disrupted contact the Group Housing Office at (707) 442-1473 or (707) 786-9851.

(2)____ The unit at _____, built in 19__ **HAS NOT** been assessed for environmental health risks. No lead-based paint and/or lead based paint hazards are known but their presence is suspect in the housing unit (explain). Housing unit scheduled to be assessed in FY____

(b) Records and reports available to housing residents: (Cross out either (1) or (2) marked "HAS" or "HAS NOT")

The Housing Office HAS or Does not have available records and reports, pertaining to lead-based paint and/or lead-based paint hazards in the housing unit, for your review

(c) Residents Acknowledgement (initial)

(1) _____ Resident has received a copy of this Disclosure Letter (signed) and the list of components described in paragraph (a) (1) above.

(2) _____ Resident has received the EPA approved pamphlet: "*Protect Your Family from Lead in Your Home.*"

(d) Certification of Accuracy

The following parties have reviewed the information and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Members Signature: _____ Date: _____

HOME BUSINESS REQUEST

Section I Service Member Information: Please print. This agreement to operate a home business is issued by the Local Housing Officer, ISC Alameda, and granted to the Service Member identified below. By execution of this agreement, the Service Member agrees to comply with all terms, conditions and provisions specified.

Service Member's Name (<i>last, first, MI</i>):	Branch of Service:	Rank/Rate:
Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):	

Section II PROVISIONS OF HOME BUSINESS APPROVAL

This approval is granting the Service Member named herein the approval to conduct a private business to sell, or attempt to sell, goods and/or services including but not limited to computer services, cosmetics, household products, cleaning products, tailoring, jewelry sales/parties, tax preparation, dressmaking, etc.

This approval becomes null and void if the Coast Guard, as a result of this home business, incurs excessive utility charges.

Computer websites must meet local, state and federal guidelines and must not bring discredit to the Coast Guard or U.S. Government.

The Service Member is responsible for any costs, whether they are for alterations, damages or repairs, necessary to repair government property caused by or for this business.

Any alterations to the quarters as a result of this approval must be requested prior to beginning work. Such requests must be submitted via a Self Help Project Work Order Request GRPHUMB-001, to the Housing Office. All alterations and subsequent restoration will be at the Service Member's expense. External alterations and advertising are prohibited.

The raising of animals, birds, fish, etc., for commercial purposes, such as breeding for sale or profit, is strictly forbidden.

Section III TYPE OF HOME BUSINESS

Section IV EXECUTION OF AGREEMENT

The administration of this agreement will be under the supervision and control of a Housing Representative.

Government Representative Signature:	Date:
Resident's Signature:	Date:

SELF HELP EQUIPMENT ISSUE

Section I Resident Information: DA Family Member must be at least 18 years of age.

Service Member's Name (*Last, First, MI*):

Rank/Rate:

- Service Member
 Family Member

Section II Equipment checked out. If any equipment is in worn or dirty condition please make notes.

ITEM	QTY	TAG #

Certification: **I understand and agree I am to return equipment within 24 hours, unless that day happens to be a weekend or holiday, in which case I will return the day after the weekend/holiday.** I also agree to return the above equipment in a clean and good condition. **Failure to return item in time, or dirty, or damaged, could result in loss of Self Help equipment privileges.** Should I damage or lose this equipment I understand I may be charged for repair/replacement. I am aware of the hazards associated with this equipment. I also am aware that personal protective equipment such as hearing and eye protection devices, closed toed shoes and long pants are required to use this equipment.

Resident's Signature:

Date:

Section III: Housing Approval

Approving Official Signature:

Date:

Section IV: Equipment Returned: All equipment returned in good and clean condition except as noted in Section II.

Approving Official Signature:

Date:

WATERBED AUTHORIZATION

Section I Service Member Information: Please print.

Service Member's Name (*last, first, MI*):

Rank/Rate:

Permanent Duty Station (*Include Work Phone #*):

Quarters Assigned (*Street, Apt #, City, State, Zip, Home Phone*):

Section II A copy of my waterbed insurance coverage. I will submit proof of renewal or a new policy prior to the expiration date of my current insurance policy or I will immediately remove the waterbed(s) from my quarters. I understand I am accountable for any damage caused by my waterbed(s) and the Local Housing Officer has my permission to check my pay for any damage if my insurance coverage lapses or does not sufficiently cover all damages.

Name of Insurance Company:

Policy Number:

Policy Effective Date(s)

From:

To:

Service Member's Signature:

Date:

Section III:

Housing Representative's Signature:

Date:

ABSENCE FROM QUARTERS

Instructions: This Form is used to notify the Housing Office of any absence from your quarters per the Coast Guard Housing Manual. Please provide all requested information.

Section I - General Information

Service Member's Name (Last, First, MI):	Rank	Command
--	------	---------

Quarters Type: <input type="radio"/> Family <input type="radio"/> UPH/BEQ	Quarters Assigned (Street, Apt #, Home Phone Number)
---	--

Section II - Absence from Quarters

Absence applies to: -Entire Family -Family of Member Only

Date of Absence : *From:* *To:*
(continue in Remarks if necessary)

Address while Absent in case of emergency (full mailing address & Phone #):

Name & Phone # of Caretaker (if applicable):

Caretaker will reside in quarters during my absence (YES / NO):

Certification: During this absence the above named caretaker (if applicable) will adequately care for my government quarters and grounds. I understand I must request in advance, and receive prior written approval, for any absence in excess of sixty (60) days. I understand it is against regulations to rent or sublease my government quarters during my absence. My spouse or I will notify the Housing Office immediately after we return. I understand the Housing Office will enter my quarters in case of emergency. I understand I am responsible for the conduct of any caretaker while in my assigned quarters. I will notify the Housing Office if my absence exceeds the date above.

Remarks:

Signature of Service Member:

Date:

Section III - Housing Office Approval

-Approved -Disapproved

Signature Of Local Housing Officer:

Date:

Signature of Area Housing Officer *(if applicable)*:

Date:

HOUSING TERMINATION PROCEDURAL CHECKLIST

Instructions: Complete this form while "Out-Processing" new residents.

Section I - General Information

Service Member's Name (Last, First, MI):	Quarters Vacating	Date Terminated:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><i>Housing Area:</i></td> <td style="width: 25%;"><i>Quarters Type:</i></td> <td style="width: 50%;">Command</td> </tr> <tr> <td> <input type="radio"/> Ft Bragg <input type="radio"/> Eureka </td> <td> <input type="radio"/> 2 bdrm <input type="radio"/> 3 bdrm <input type="radio"/> 4 bdrm <input type="radio"/> Other </td> <td></td> </tr> </table>		<i>Housing Area:</i>	<i>Quarters Type:</i>	Command	<input type="radio"/> Ft Bragg <input type="radio"/> Eureka	<input type="radio"/> 2 bdrm <input type="radio"/> 3 bdrm <input type="radio"/> 4 bdrm <input type="radio"/> Other		
<i>Housing Area:</i>	<i>Quarters Type:</i>	Command						
<input type="radio"/> Ft Bragg <input type="radio"/> Eureka	<input type="radio"/> 2 bdrm <input type="radio"/> 3 bdrm <input type="radio"/> 4 bdrm <input type="radio"/> Other							

Section II – Action Items *All steps are necessary, unless inapplicable*

Step	Action	Date Completed	Initials
1.	Received completed Intent to Vacate (Form GRPHUMB-003) <ul style="list-style-type: none"> ➤ Received copy of member's orders. ➤ Record Inspection dates in appointment book. ➤ Resident reads and signs "Resident Responsibilities" portion of form. 		
2.	Conduct Pre-Final Inspection <ul style="list-style-type: none"> ➤ Provide resident a copy of Preliminary Inspection Check-Off Sheet (Form GRPHUMB-010) 		
3.	Conduct Final Inspection <ul style="list-style-type: none"> ➤ GRPHUMB-004 (copy to resident) 		
4.	Collect keys <ul style="list-style-type: none"> ➤ House and Mailbox <input type="radio"/> Yes <input type="radio"/> No ➤ Garage Door (<i>where applicable</i>) <input type="radio"/> Yes <input type="radio"/> No ➤ Verify All Of Quarter's Extra Keys In Housing Office Work 		
5.	Place Keys in housing key box.		
6.	Lock unit, securing doors, windows, lights, water & gas.		
7.	Collect Trash Cans and return to Housing Office		
8.	Process Government Damages (<i>where applicable</i>) <ul style="list-style-type: none"> ➤ CG Maintenance Personnel prepare Resident Charges/Damages Worksheet (Form GRPHUMB-020) ➤ Housing CPO or LHO prepare Record of Housing Investigation (Form GRPHUMB-021) 		
9.	Collect Damage Funds (one of the following methods): <ul style="list-style-type: none"> ➤ Complete Pay Adjustment Authorization (Form DD-139) ➤ Cashier's Check or Money Order 		
10.	Issue Notification of Termination from Coast Guard Housing Feeder Sheet (Form CG-5267A)		
11.	Start BAH , notify Servicing PERSRU by E-MAIL <ul style="list-style-type: none"> ➤ For DOD: Inform member to notify parent service using feeder sheet from step 4 		
12.	Add any maintenance items to the Work Order Matrix		
13.	Remove Service Member from HMIS		
14.	Remove Service Member from Occupancy Matrix		

Completed by: (*Housing Rep. Signature*)

Verified by LHO or LHM (*Initial and Date*)

QUALITY ASSURANCE SURVEY

Section I Service Request Information: Please print.

Resident's Name:	Address & Phone Number:
Service Request Date:	Date Work Performed:
Technician's Name:	Work Performed:

Section II Service Request Evaluation Contact resident via phone or in person to evaluate.

5. Excellent 4. Good 3. Satisfactory 2. Marginal 1. Poor

Evaluation conducted via phone <input type="checkbox"/>					
Evaluation conducted in person <input type="checkbox"/>					
	1	2	3	4	5
Phone call to Maintenance Contractor was answered promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Contractor dispatcher scheduled non-emergency service request in a 4-hour window or arrived within ½ hour for an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician arrived at the scheduled time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work was completed in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician was courteous and polite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician cleaned up after himself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with Contractors service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III Comments

Surveyer signature:	Date:
---------------------	-------

MEMBER CONTACT INFORMATION

Instructions: Complete this form while "In-Processing" new residents. Once all items are complete file this form in the resident's folder.

Section I - General Information

Service Member's Name (Last, First, MI):		Quarters Assigned		Date Assigned:
<i>Housing Area:</i>		<i>Quarters Type:</i>		Branch of Service
<input type="radio"/> Eureka <input type="radio"/> Fort Bragg		<input type="radio"/> 2 bdrm <input type="radio"/> 3 bdrm <input type="radio"/> 4 bdrm <input type="radio"/> Other		Rotation Date
Command/Unit:				

Section II – Action Items *Complete all sections below*

Step	Required Information
1.	Phone Number: <ul style="list-style-type: none"> Work: Home: Cell: Spouse: Alternate/Emergency
2.	E-mail Address: <ul style="list-style-type: none"> Work: Home/alternate:
3.	Pets: <ul style="list-style-type: none"> Dogs: Cats: Other:
4.	Long Term Parking: <ul style="list-style-type: none"> Description of items: Spot Assigned:

HOUSING RELOCATION PROCEDURAL CHECKLIST

Instructions: Complete this form while "In-Processing" residents relocating. Once all items are complete file this form in the resident's folder.

Section I - General Information

Service Member's Name (Last, First, MI):		Current Quarters Assigned	Date Assigned to Current Quarters:
<i>Housing Area:</i>	<i>Quarters Type:</i>	Branch of Service:	Command
<input type="radio"/> Fort Bragg	<input type="radio"/> 2 bdrm <input type="radio"/> 3 bdrm		Rotation Date
<input type="radio"/> Eureka	<input type="radio"/> 4 bdrm <input type="radio"/> UPH		

Section II – Action Items *All steps are necessary, however highlighted steps are critical*

Step	Action	Date Completed	Initials
1.	Member requests relocation via signed letter to LHO at site where currently living. (Only member can ask for relocation. Spouses, even with power of attorney, are not allowed to ask for relocation.)		
2.	LHO approves/disapproves, in writing, member's relocation (If disapproved, all further actions stop here). Copy of approval letter is sent to gaining site.		
3.	Gaining site receives complete new Housing Application, CG-5267 or DOD form 1746 and: <ul style="list-style-type: none"> ➤ Orders (if changed from what is in file)? <input type="radio"/> Yes <input type="radio"/> No, if no why ➤ BAH Dependency Form (CG-4170A, Navy Page 2, DEERS)? <input type="radio"/> Yes <input type="radio"/> No, if no why 		
4.	Gaining site adds applicant to Relocation Waiting List (Priority 2) <ul style="list-style-type: none"> ➤ Any "Special Needs" Family Members? <input type="radio"/> Yes <input type="radio"/> No ➤ Where are they relocating from? _____ 		
5.	Losing site conducts unannounced housekeeping inspection of current unit. <ul style="list-style-type: none"> ➤ Pass – proceed to item #6 ➤ Fail - relocation process is canceled. LHO at resident's current location issues letter denying relocation to member (Resident cannot reapply for six months). 		
6.	Once unit becomes available, gaining site issues Assignment and Acceptance of Government Quarters (Form GRPHUMB-017)		
7.	Gaining site issues Notification of "Assignment to Coast Guard Housing" Feeder Sheet. (Form CG-5267A). Gaining site notifies losing site of this action. Note: Member has only 7 calendar days to complete move		
8.	Losing site receives completed "Intent to Vacate" (Form GRPHUMB-003) <ul style="list-style-type: none"> ➤ Record Inspection dates in appointment book. ➤ Resident reads and signs "Resident Responsibilities" portion of form. 		
9.	Gaining site schedules Check-In Inspection to new unit (Date/Time): <ul style="list-style-type: none"> ➤ Record Inspection Date in appointment book. 		
10.	Gaining site issues keys and garbage/recycle cans to new unit. <ul style="list-style-type: none"> ➤ House and Mail Box <input type="radio"/> Yes <input type="radio"/> No ➤ Garbage <input type="radio"/> Yes <input type="radio"/> No 		
11.	Gaining site issues "Occupancy Agreement" (Form GRPHUMB-015).		
12.	Gaining site issues "Insurance Facts For Residents" (Form GRPHUMB-013).		
13.	Gaining site issues Environmental Hazard Letter and Information Booklets.		
14.	Gaining site issues "Occupant Responsibilities" (Form GRPHUMB-019).		
15.	Gaining site issues "Pet Agreement" (Form GRPHUMB-009).		

16.	Gaining site issues "Weapon and Vehicle Registration Form" (Form GRPHUMB-011).		
17.	Gaining site issues "Carbon Monoxide Alarm Custody Form" (Form GRPHUMB-018).		
18.	Gaining site receives Home and Work Telephone Numbers (if different)		
19.	Gaining site performs Check-In inspection <ul style="list-style-type: none"> ➤ Use GRPHUMB-004 (file original in resident's folder, copy to resident) 		
20.	Gaining site notifies Housing Staff (do not send to PERSU) by e-mail titled "RELOCATION" of member receiving keys to new unit (both gaining and losing sites are to be notified)		
21.	Gaining site adds Service Member to Owned Roster at new site (HMIS cannot be done until member has vacated original unit)		
22.	Losing site conducts Pre-Final Inspection of unit relocating from. <ul style="list-style-type: none"> ➤ Provide resident a copy of Preliminary Inspection Check-Off Sheet (Form GRPHUMB-010) 		
23.	Losing site conducts Final Inspection of unit relocating from. <ul style="list-style-type: none"> ➤ Family Quarters use GRPHUMB-004 (copy to resident) 		
24.	Losing site collects keys from unit relocating from. <ul style="list-style-type: none"> ➤ House and Mailbox <input type="radio"/> Yes <input type="radio"/> No ➤ Garage Door Opener (<i>where applicable</i>) <input type="radio"/> Yes <input type="radio"/> No ➤ Verify All of Quarter's Extra Keys in Housing Office Work. 		
25.	Losing site processes Government Damages (<i>where applicable</i>) <ul style="list-style-type: none"> ➤ CG Maintenance Personnel prepare Resident Charges/Damages Worksheet (Form GRPHUMB-020) ➤ Housing CPO/ LHO prepare Record of Housing Investigation (Form GRPHUMB-021) 		
26.	Losing site collects Damage Funds (one of the following methods) if resident is not repairing/replacing themselves: <ul style="list-style-type: none"> ➤ Complete Pay Adjustment Authorization (Form DD-139) ➤ Cashier's Check or Money Order 		
27.	Losing site issues Notification of Termination from Coast Guard Housing Feeder Sheet (Form CG-5267A)		
28.	Losing site CG Maintenance Personnel submit Call Sheet (<i>where applicable</i>) <ul style="list-style-type: none"> ➤ Ensure all damages residents were charged for are on Call Sheet. ➤ Send Copy of Call Sheet to CG Admin Personnel to Enter into Owned Roster. 		
29.	Losing site notifies Housing Staff (do not send to PERSU) by e-mail titled "TERMINATION" of member passing final inspection from original unit (both gaining and losing sites are to be notified). Must be within 7 calendar days of receiving keys to new unit.		
30.	Losing site removes Service Member from original unit in HMIS.		
31.	Gaining site assigns service member to new unit in HMIS. (Dates will not match between Owned Roster/paperwork and HMIS. This is an inherent problem with HMIS and cannot be fixed. Owned Roster and paperwork will show actual dates.)		
Completed by: (<i>Housing Rep. Signature</i>)		Verified by: (<i>LHO/LHM Signature</i>)	

REQUEST FOR RELEASE FROM CURRENT ASSIGNMENT TO MILITARY FAMILY HOUSING TO RECEIVE BAH

Section I: Please fill in **all data** requested completely. Failure to do so will delay the processing of your request. The Local Housing Officer will only consider requests that have been completely filled out and approved. Only the member, unless the spouse has the appropriate power of attorney, may fill out this request.

Service Member's Name (<i>last, first, MI</i>):	Command:	Phone Number
Current Military Family Housing (MFH) Address	Size of Unit (2,3,4 bedroom)	

Section II

I, the undersigned, understand I am requesting permission for a release from mandatory assignment to Military Family Housing (MFH). I also understand the conditions set forth below.

Please initial next to each line.

() I understand by electing to receive my BAH I may not be able to return to government quarters for the remainder of my current tour.

() I understand by receiving BAH I am prohibited from residing overnight in any government quarters, including on any ship, while in homeport unless required to do so (such as in port duty days or underway periods).

() I understand if at some point I am approved to receive BAH and reside on the economy, I will be notified by e-mail. I understand it is my obligation to keep the Housing Office informed of my whereabouts if I am not at my duty station for any extended period of time (more than 2 days). I understand that failing to do this could result in the approval to receive BAH being rescinded. I also understand if I accept the offer to receive BAH and vacate MFH, I am obligated to do so and cannot change my mind and remain in MFH.

() I understand if I am approved to receive BAH and reside on the economy, I am required to submit an Intent To Vacate Form with the Housing Office at least 30 days prior to my departure. I also understand my BAH will not start until I have successfully cleared my MFH unit. I further understand I am not entitled to Dislocation Allowance (DLA) or a government funded household goods move.

Service Member's Signature	Date Submitted
Local Housing Representative's Signature	Date Received

Section III: Group Humboldt Bay Local Housing Officer Decision.

The following determination has been made regarding the above request.

Approved (LHO initials)

Disapproved (LHO initials)

Added to BAH Wait List on _____

Local Housing Officer's Signature:	Date:
------------------------------------	-------

Department of Homeland Security U.S. Coast Guard GRPHUMB-035 (Rev 01/08)	BARRACKS BERTHING REQUEST AND AVAILABILITY/NON-AVAILABILITY FORM		
SECTION A: MEMBER INFORMATION			
1. Name (Last, First, M.I.):	2. Rate/Rank:	3. EMPLID:	
4. Unit Information (Name, OPFAC, Address, POC, and Phone #):			
5. Dates Lodging Needed: a. Check - in: _____ Check- Out: _____ Total # of nights: _____ b. Check - in: _____ Check- Out: _____ Total # of nights: _____			
SECTION B: SUPERVISOR INFORMATION & APPROVAL			
1. Supervisor (Name, Unit, Phone):			
2. Comments:			
3. Signature:	4. Date:		
FOR OFFICE USE ONLY			
SECTION C: MAA AUTHORIZATION			
1. AVAILABILITY <input type="checkbox"/> NON-AVAILABILITY <input type="checkbox"/>	2. Comments:		
3. Room #:	4. Bed #	5. MAA Signature:	6. Date:
All members must bring a copy of their orders upon checking in. For after Hours Check-in contact the OOD via the Group Commcen at (707) 839-6117. Please ensure the BH Instruction Packet is returned upon check out. For any questions please contact the MAA at (707) 839-6566 during normal working hours.			

Department of Homeland Security
 U.S. Coast Guard
 MLC PAC(ph)-001 (Rev. 03/03)

BEDROOM REQUIREMENT WAIVER

PURPOSE: The purpose of this form is to determine authorized bedroom requirements for assignment to housing at Eureka and Fort Bragg housing sites. In order for a member to be assigned to a housing unit larger than authorized below, a justification must be completed and the waiver submitted to the Area Housing Officer for approval prior to the assignment. Failure to have this waiver form completed and authorized in advance for a larger bedroom unit than authorized below will result in the unit being considered as vacant for the purpose of the occupancy percentage and will count against the 98% standard as agreed to in the MLC PAC Implementation Plan. The original of this completed and signed form must be filed in the Housing Unit folder a copy will be submitted to MLC PAC (ph) which will be attached to the semi-annual occupancy report to COMDT (G-WPM-4).

Service Member's Name (<i>last, first, MI</i>):	Rank/Rate:	SSN (last 4)	Total Number Dependents
Housing Site	Permanent Duty Station	Local Housing Officer (LHO)	LHO Phone

Section I: Standard Bedroom Requirements

Number of dependents (including spouse)	Number of Bedrooms Authorized
One	2
Two	2
Three	3
Four or more	4

Section II: Waiver Information (see reverse)

Number of Bedrooms	Available	Not Available	Assigned
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
Command/Senior Officer Quarters			

Justification for waiver to exceed bedroom requirements authorized above (Section II):

Section III: Area Housing Officer

Approved		Disapproved		AHO Signature	Date
----------	--	-------------	--	---------------	------

Comments:

Section IV: MLC PAC(ph) Authorization

Approved		Disapproved	MLC PAC Signature	
----------	--	-------------	-------------------	--

Comments:

Distribution: Original- HSG unit file; Copies: LHO, LHA, MLC PAC (ph), AHO

Exception to Occupancy Requirements

- 2-Bedroom units - should there be no “wait list” for 2-bedroom units, and a 2-bedroom unit is expected to be vacant for the next six months, members without dependents E-7 and above willing to forfeit their BAH in return for government housing may be offered a 2-bedroom unit.
- 4-Bedroom units – for a 3-bedroom qualified member to occupy a 4-bedroom unit there must be no 3-bedroom units available or available within 10 days and the “waitlist” for 4-bedroom units has been cleared.
- Command and Senior Officer Quarters (C/SOQ): The following units area local designated as C/SOQ) and will not be counted in any occupancy or vacancy calculations.