

## FSHFH HOUSING CUSTOMER CHECKLIST

- \_\_\_\_\_ 1. I understand that I must keep FSHFH informed of any changes, especially my contact numbers and lease expiration date.
- \_\_\_\_\_ 2. I understand that if FSHFH is unable to contact me with all contact information provided and I do not respond within 2 weeks I will be removed from the waiting list and I will have to reapply with a new eligibility date.
- \_\_\_\_\_ 3. I understand once I sign a lease I can choose to be bypassed on the list while retaining my place on the waiting list. I will keep FSHFH informed of my current telephone numbers and will contact FSHFH before I renew my lease.
- \_\_\_\_\_ 4. I understand that all requests for exceptions to policy must be submitted in writing with supporting documentation. All EFMP requests are processed through the EFMP coordinator, Ms. Sally L Gonzalez. She can be reached at 210-221-2418/2705. Wounded Warrior and Medical Hold Service Member requests are handled by RCI. The RCI Point of Contact is Gilbert Trinidad at 210-221-0948.
- \_\_\_\_\_ 5. I understand that FSHFH is not funding moves from off post housing to on post housing. Transportation is the best contact to verify your entitlements. To receive any entitlements you may be eligible for contact 502d Housing Management Office at 210-221-0881/8539/8569. Or Transportation office at 210-221-9156.
- \_\_\_\_\_ 6. I understand that my eligibility date determines my placement on the waiting list. My placement on the list is not guaranteed and can be displaced at anytime when someone with a higher eligibility status applies.
- \_\_\_\_\_ 7. I understand that Key and Essential personnel are determined by the Senior Army Commander, and will have priority on the housing list.
- \_\_\_\_\_ 8. I understand that a home that is offered to me may not be viewed if occupied and will not be available for viewing while in maintenance.
- \_\_\_\_\_ 9. I understand that when a housing offer is made to me I have 24 hours to accept or decline. No response within the 24 hours is considered a declination and the home will be offered to another person on the list. After my 1st declination, I will be moved to the bottom of the list, and my new eligibility date will be the date of declination. If I decline a 2nd time I will be removed from the wait list and will have to reapply.
- \_\_\_\_\_ 10. I understand the wait times are approximately\_\_\_\_\_. I understand these dates are estimated wait times and are subject to change due to: eligibility date, K&E status, etc.
- \_\_\_\_\_ 11. I understand that my dependents must reside in housing with me within 30 days of home being assigned to me.
- \_\_\_\_\_ 12. I understand that to accept keys to a home I must provide a DA31 showing I have signed into my gaining unit. I cannot move into a home on FSH unless I am signed in.

- \_\_\_\_\_ 13. I understand that if I accept a Historic home that the windows are sealed due to possible Lead based paint exposure. One window in each bedroom will be opened for means of egress.
- \_\_\_\_\_ 14. I understand that if I have a pet that FSHFH determines is a restricted breed, that FSHFH may request additional supporting documentation at the resident's expense. If the requested information is not provided, FSHFH will not offer a home, until all documents have been reviewed and approved by FSHFH.
- \_\_\_\_\_ 15. The Army Public Health Center has released the following video for use across the Army. All new residents must view this video before accepting their home (Army-owned, Army-leased, and RCI).

<https://www.youtube.com/watch?v=GRpMIR7lQHI&feature=youtu.be>



**\*\*By initialing and signing this form I acknowledge I have read and understand this document, and viewed the above video.**

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FSHFH Representative: \_\_\_\_\_ Date: \_\_\_\_\_