

## **Instructions for Retention of Family Housing**

### Step One:

Acquire all necessary signatures.

- Unit Commander
- Sponsor
- Spouse
- Service Member

All spaces **must** be filled out.

### Step Two:

Bring Power of Attorney, orders, and completed retention packet to the Community Management Office.

### Step Three:

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

## Retention of Family Housing Request Form

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

I request for my family to remain in Family Housing at

Address: \_\_\_\_\_

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

Report date: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

### Chain of Command

I have assigned (Rank/Name) \_\_\_\_\_ as a sponsor for the dependent(s) of: (Rank/Name) \_\_\_\_\_ during his/her absence.

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

### Unit Commander

**Approved**

**Disapproved**

Name/Rank:	
Unit/Phone:	
Signature:	

## Sponsorship Rules

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

### SPONSOR:

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

Name/Rank: \_\_\_\_\_

Unit/Duty Phone: \_\_\_\_\_

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Your request is to retain housing #: \_\_\_\_\_

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

**The following is also required:**

- A Power of Attorney (POA) authorizing your spouse and/or your sponsor to clear the quarters upon his/her departure (if such departure becomes necessary or required).
- Good conduct of your spouse and dependents, and strict compliance with all applicable post and housing regulations
- Care of the home to include watering and mowing of the lawn, and/or snow removal
- Dependents are to notify the Community Management Office in writing of any expected absences of two weeks or longer

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

Service Member's Signature	Date	Rank
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Spouse's Signature	Date	Home/Mobile Phone
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Sponsor's Signature	Date	Rank
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Sponsor's Duty Phone	Date	Sponsor's Home/Mobile Phone
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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Representative

Comments:

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