

TLA



TLA HOUSING FORMS

CLAIM WITH ON BASE HOTEL

- TLA DATASHEET
- APPENDIX C
- ZERO BALANCE RECEIPT
- BOTH HOUSING FORMS
- MEMO TO RESIDE OFF BASE
(IF APPLIES)

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(IF APPLIES)
- CNA

MBR TLA REQUEST FORM SAMPLE

Temporary Lodging Allowance Request Form			
Service Member Identification			
Full Name: <u>Member's Last Name and First Name</u>	<u>Member's EDIPI</u>	Date: <u>Today's Date</u>	
Unit/Command: <u>Chain of Command in Okinawa</u>	RUC: <u>Oki's RUC</u>	DSN: <u>Work/Cell Number</u>	
Arrival Date: <u>Date Arrived on Island</u>	RTD: <u>Date Leaving Island</u>	Departure Date (DEPN(S) only): _____	
Type of Tour (check one):	<input type="checkbox"/> Unaccompanied	<input checked="" type="checkbox"/> Accompanied	<input type="checkbox"/> Tour Conversion
Applicable DEPN(S):	Spouse: <u>Spouse Last and First Name</u> Arrival Date: <u>Date Arrived on Island</u>		
Children: <u>Date of Birth's</u>	Arrival Date: <u>Date Arrived on Island</u>		
TLA Request for:	<input checked="" type="checkbox"/> MBR+DEPN(S)	<input type="checkbox"/> MBR Only	<input type="checkbox"/> DEPN(S) Only
Does MBR have Active Duty Spouse? (check one):	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Full Name: _____	Rank: _____	EDIPI: _____	
Unit: _____	RUC: _____	DSN: _____	
Branch of Service:	<input type="checkbox"/> USMC	<input type="checkbox"/> USN	<input type="checkbox"/> USAF
	<input type="checkbox"/> USA		
TLA Request Data / Member's Certification			
Type (check one):	<input checked="" type="checkbox"/> Arrival	<input type="checkbox"/> Departure	<input type="checkbox"/> Renovation
	<input type="checkbox"/> Other		
Initial TLA for the selected event began on the following date:	<u>Date Arrived on Island</u>		
This is TLA Claim #:	_____	for _____	# of days. Date Range: _____ to _____
TAD and Leave Periods (check all applicable):			
<input type="checkbox"/> Funded TAD from:	_____	to	_____
<input type="checkbox"/> Permissive TAD from:	_____	to	_____
<input type="checkbox"/> On-island Leave from:	_____	to	_____
<input type="checkbox"/> Off-island Leave from:	_____	to	_____
Housing Referral Registration Date:	<u>Date Attended Housing Brief</u>	and Application Date: _____	
Adequate Cooking Facilities:	<input type="checkbox"/> Available	<input checked="" type="checkbox"/> Unavailable	<input type="checkbox"/> Other
Member's signature: <u>Member's Signature</u>	Date: <u>Today's Date</u>		
Penalty Statement			
<small>There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S.Code, Title 18, Sections 287 and 1001, and Title 21, Section 3729). I certify that I have read, understand, and adhere to the policy set forth in III MEF/MCIPAC-MCBB0 7220.1B. The above information is accurate and reflects my attempt to obtain adequate housing.</small>			
Unit Certification			
COMRATS/BAS Start Date: _____	BAQ w/out DEPN(S) Start Date: _____		
Effective Date of Lease: _____	Gov't QTRS Start/Stop Date: <u>Date Mbr Moved In</u>		
# TLA Overlap Days: _____	Date Range: _____ to _____		
COLA Start Date: _____	COLA Stop Date: _____		
OHA Stop Date: _____	OHA Start Date: _____		
I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.			
Commander's/ Designee's Signature: <u>B.N.THOMAS.CWO3.OIC.PERSO.USMC</u>	Date: <u>JUNE/ 4 / 2020</u>		
MCIPAC/III MEF DISBURSING/7220/3 (Rev. 11-18)		PREVIOUS EDITIONS ARE OBSOLETE	

APPENDIX C SAMPLE

APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

[REDACTED] I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1).

a. When Payable. TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this order.

b. When Not Payable. TLA will not be paid if at any time my situation can be described by one of the following categories.

(1) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.

(2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.

(3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets, or any other item base on personal preference.

c. Extensions of TLA. I understand that I must submit for a TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).

d. My Responsibilities. I understand that I must do the following:

(1) Register with the Housing Office within two working days upon arrival.

(2) If on base quarters are not available, aggressively seek housing on the local economy with assistance from the Housing Officer by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail: See appendix D.

(3) Submit TLA reimbursement requests within three working days after each 10 day period.

(4) If TLA is paid utilizing the Government Travel Charge Card, I understand that I'll have to log on to <https://home.cards.citidirect.com> or call 1-800-200-7056 to pay off the balance. TLA is paid through the Marine Corps Total Force System (MCTFS) as a pay entitlement. Unlike travel settlement systems, MCTFS does not have the capability of split disbursing a portion of the payment to the card provider.

[REDACTED]
Signature

[REDACTED]
Date

TLA DATA SHEET SAMPLE

Every MBR rates 30 days of TLA

Temporary Lodging Allowance (TLA) Data Sheet

For the Period of: 02/27/2020 to 03/07/2020 TLA Claim #: 1F

In order to be processed for TLA and maintain an entitlement for continued TLA, you must maintain a housing search record. Every address/agency must be annotated with justification regarding reason for refusal. You are required to check all addresses that are within your rental ceiling. If requirements are not being met and an aggressive search is not maintained, TLA will be terminated.

Name: SILVA, [REDACTED] (CPL)
Duty Phone: 645 [REDACTED]
Unit/Command: MCPAC - SJA
Arrival Date: 02/27/2020
Housing Check-in Date: 02/28/2020 Date Attended Housing Brief: 02/28/2020
Counselor's Name: _____

I, SILVA [REDACTED], located housing on 03 MAR 2020 and accepted on 02/03/2020. I will move to off-base quarters at [REDACTED] on 07 MAR 2020.

The first available date for delivery of government furnishings is 06/03/2020. TLA will stop on the date government furniture is available for delivery, provided the housing unit is ready for occupancy.

Document Off-Base Housing Search Below
Carefully review requirements set forth in the III MEF/MCIPAC-MCSBO 7220.1B policy to avoid denied claims.

Date of Visit	Address	Agency Name & Han Stamp	Reason Not Accepted
TLA DATA VALIDATION INITI DATE [REDACTED]			
Housing Officer's Signature: <u>[Signature]</u> Date: <u>3-12-2020</u>			

Penalty Statement
There are severe criminal penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001, and Title 31, Section 3222). I certify that I have read, understand, and adhere to the policy as set forth in III MEF/MCIPAC-MCSBO 7220.1B. The above information is accurate and reflects my attempt to obtain adequate housing.

Member's signature: [Signature] Date: 3-12-2020

ZERO BALANCE RECEIPT SAMPLE

Page 1 of 1

WESTPAC LODGING
TLF
MCB Camp S.D. Butler
PSC 556 Box 759
FPO AP 96386-0759

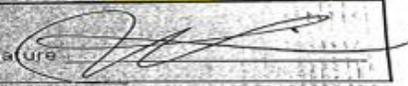
SILVA, CORPORAL [REDACTED]
HEADQUARTERS BATALION
FPO, AP 99999

Room Number: F422
Daily Rate: 180.00
Room Type: QA
No. of Guests: 2 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
02/27/2020	03/07/2020	XXXX XXXX XXXX [REDACTED]	PCSIN	P1	[REDACTED]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
02/27/2020	F422	ROOM CHARGE	#F422 SILVA, CP [REDACTED]	\$160.00
02/28/2020	F422	ROOM CHARGE	#F422 SILVA, CP [REDACTED]	\$160.00
02/29/2020	F422	ROOM CHARGE	#F422 SILVA, CP [REDACTED]	\$160.00
03/01/2020	F422	ROOM CHARGE	#F422 SILVA, CP [REDACTED]	\$160.00
03/02/2020	F422	ROOM CHARGE	#F422 SILVA, CPL [REDACTED]	\$160.00
03/03/2020	F422	ROOM CHARGE	#F422 SILVA, CPL [REDACTED]	\$160.00
03/04/2020	F422	ROOM CHARGE	#F422 SILVA, CPL [REDACTED]	\$160.00
03/05/2020	F422	ROOM CHARGE	#F422 SILVA, CPL [REDACTED]	\$160.00
03/06/2020	F422	ROOM CHARGE	#F422 SILVA, CPL [REDACTED]	\$160.00
03/07/2020	F422	VISA	XXXXXXXXXXXX [REDACTED] Exp: 10/20	-\$1,440.00

TOTAL DUE: \$0.00

Guest Signature _____ Clerk Signature 

ITEMIZED ACCOUNT

EAGLE LODGE
458-1 IHEI CHATAN
OKINAWA JAPAN 904-0102
TEL: 098-936-3651
FAX: 098-936-7543

Date : 10-Mar-20
Name : [REDACTED] S. Dolan
Work : U.S.M.C
The Sum: ¥110,000
Balance ¥0
Room# 402
Detail: Lodging charges for 5 days

Date	Amount
6-Mar	¥22,000
7-Mar	¥22,000
8-Mar	¥22,000
9-Mar	¥22,000
10-Mar	¥22,000
TOTAL	¥110,000



HOUSING FORMS FOR ON BASE



DEPARTMENT OF THE AIR FORCE
KADENA AB
718 CES/CEH
UNIT 5261
OKINAWA, N/A 96368-5261
JAPAN

Mar-10-2020

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Assignment to Family Housing

1. The following Member assigned government-owned family housing:

DOD ID: 14 [REDACTED] Name: [REDACTED]

SSN: XXX-XX-8689

Branch: MARINE CORPS Pay Grade: E-5

UIC/Name: MCC:1CP/3D MLG, CAMP FOSTER

2. This Member assigned to the following unit:

Address: [REDACTED] 7B CHATAN

3. Effective date of assignment: Mar-11-2020

4. A government funded move is not authorized.

5. Member is not authorized Non-Temporary Storage (NTS).

6. I certify that the above information is true to best of my knowledge and desire necessary action be taken.

(Service Member Signature/Date) 2020/03/10

Installation Housing Manager Signature/Date
KADENA AB 2020.03.10
TAKESHI MINA

DISTRIBUTION:
Member
Finance
Transportation Management Office
Housing File

ASSIGNMENT OF ON-BASE QUARTERS			
TO:	ES/MC/DOLAN, [REDACTED] S. <small>Sponsor's Rank & Full Name</small>	DATE OFFERED:	10-Mar-2020 <small>Date</small>
ASSIGNMENT TO:	[REDACTED] CHATAN <small>Quarters Address</small>	EFFECTIVE DATE:	11-Mar-2020 <small>Date</small>
EARLY KEY PICK-UP:	10-Mar-2020 <small>Date</small>	Kadena Hsg Office (Bldg 217) - 1500-1530 hrs <small>Available - ONLY if City issued OAE INSPECTION</small>	
KEY PICK-UP:	11-Mar-2020 <small>Date</small>	Kadena Hsg Office (Bldg 217) - 0800-1500 hrs <small>Available</small>	
INITIAL INSPECTION:	12-Mar-2020 <small>Date</small>	12:45 PM/MR. SOKI <small>Time</small>	
GOV'T FURN DELIVERY:	13-Mar-2020 <small>Date</small>		FULL WEIGHT - 90 DAY LOANER <small>FULL WEIGHT NOT REQUIRED</small>
Please read the following, initial, and sign below to acknowledge the assignment and information provided:			
1. a. <input checked="" type="checkbox"/> Sponsors residing in transient/unaccompanied quarters, or new arrivals, please contact your TMO Office b. N/A Sponsors who were issued an Assignment Letter for Relocations must process paperwork with TMO/DMO. In the event that the service member is not available, Dependents must have a Power of Attorney.			
Branch of Service		TMO/DMO Location:	
USA	Torii Station Bldg. 236 Rm 133	644-4753	
AFUSN assigned to Kadena or White Beach	Kadena Bldg. 756	632-0068	
USMC and USN assigned to USMC Base	Foster Bldg. 495	645-0922	
	Courtney Bldg. 4311	622-5802	
	Hansen Bldg. 2137	623-7029	
2. <input checked="" type="checkbox"/> For occupants at MCB only: Contact Telephone Customer Service office on Camp Foster, Bldg. 481 at 645-1141 to install residential telephone line.			
3. <input checked="" type="checkbox"/> Cats are permitted in all MFH. Dogs are not permitted above the third floor in Towers.			
4. <input checked="" type="checkbox"/> Member agrees to occupy the FH unit for 1 year.			
5. <input checked="" type="checkbox"/> I have been advised that the value of my assigned government quarters is:			BR - 3BR \$53,000
6. <input checked="" type="checkbox"/> I understand that I will be liable and accountable for loss or damage to family housing, equipment or furnishings caused by negligence of myself, my family members, or guests. AFI 32-6001 dated 21 Aug 06 provides guidance on determining occupant responsibility and liability. While occupying family housing, I understand that I may want to consider buying commercial insurance to protect myself and my property in case of a major loss. I also understand that most insurance policies will not cover loss of damage caused by willful misconduct or gross negligence. Further guidance or additional questions regarding liability coverage and insuring personal properties may be obtained by contacting the Staff Judge Advocate Office at 634.2179/1662.			
7. <input checked="" type="checkbox"/> I have received the MFH Health and Safety Hazards Information, Disclosure, and Acknowledgement memo.			
8. <input checked="" type="checkbox"/> I have received the following three EPA pamphlets: Protect Your Family from Lead in Your Home, A Citizen's Guide to Radon and A Brief Guide to Mold, Moisture and Your Home.			
9. <input checked="" type="checkbox"/> When member no longer lives with dependents or dependents no longer live with the member, the member must terminate housing within 30 days from date of departure.			
10. <input checked="" type="checkbox"/> Keys will not be issued without a copy of this form.			
OFF BASE RESIDENTS ONLY			
11. N/A Upon receipt of off-base clearance package, immediately notify your agency in writing and coordinate termination date.			
OFF-BASE GOV'T FURN PICKUP:			
<small>Sponsor's Signature</small>		<small>Command's Signature</small>	
<small>Date</small> 20200310		<small>Date</small> 10 Mar 2020	

MEMORANDUM TO RESIDE OFF BASE SAMPLE



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR 718 CES/CEH

DATE: 09 Mar 2020

SUBJECT: Request to Reside Off Base (INBOUND)

Name: NAME Rank: RANK Service: USMC Category: _____

You have been authorized to reside off-base based on the following reason:

- Above 98% Occupancy Rate Delayed Dependent Travel
 Declined to view non-mandatory Declined offered non-mandatory units
 Mandatory units not available Approved EFMP
 OTHER: _____

The occupancy rate is 100 % 100 % Date 06 Mar 2020 CEH Verification TA
(Primary) (Secondary) (Arrival) (Staff Initials)
Foster Kinser

Member must secure off base housing from Homes.mil within the allowable days of authorized TLA. TLA can be terminated if adequate off base housing is declined.

[Signature]
Housing Manager

Member Signature *[Signature]* Date 20200309

CHAIN OF COMMAND ENDORSEMENT: As the unit commander on G-series orders, civilian director on equivalent orders, or designated representative, have considered mission requirements, force protection, pending administrative actions, and best interested of the Department of Defense. This request to reside off base is:

Please check one: Approved Disapproved

NAME: V.J. Cincoli RANK: Col DATE: 17 Mar 20

DUTY POSITION: Commanding Officer

SIGNATURE: *[Signature]* PHONE: 645-7106

OHA REPORT SAMPLE

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT		INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR	
Before completing, read Privacy Act Statement and Warning on reverse side.		REPORT CONTROL SYMBOL DD-P&R(AR)1697	
PART A - IDENTIFICATION AND HOUSING INFORMATION			
1. SERVICEMEMBER		3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country)	
a. NAME (Last, First, Middle Initial) ESTEE M.			
b. PAY GRADE E-7		c. SSN	
d. DUTY STATION OR HOMEPORT		4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD) 20200325	
(1) Station Name 20230 / H&S BN MCIPAC-MCB CAMP BUTLER JA		5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) (See instructions on reverse side if you pay rent three or more months in advance.)	
(2) City OKINAWA		<input checked="" type="checkbox"/> a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.)	
(3) Country JAPAN		(4) Duty Phone 645-4810	
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one)		<input checked="" type="checkbox"/> b. U.S. DOLLARS YEN	
<input type="checkbox"/> YES (Specify location)		6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.	
<input checked="" type="checkbox"/> NO OR NOT APPLICABLE		<input checked="" type="checkbox"/> a. LEASE/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.) 250000	
HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.			
7. UTILITIES (Excluding telephone) (X appropriate block)		8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.)	
<input checked="" type="checkbox"/> a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.		<input checked="" type="checkbox"/> a. MYSELF 1	
<input type="checkbox"/> b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.		<input type="checkbox"/> b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")	
<input type="checkbox"/> c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating which services of which your landlord provides the MAJORITY.)		<input type="checkbox"/> c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)	
<input type="checkbox"/> (1) Electricity		<input type="checkbox"/> d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)	
<input type="checkbox"/> (2) Heating		<input type="checkbox"/> e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)	
<input type="checkbox"/> (3) Air conditioning (X if window units used and landlord provides electricity.)		TOTAL (Be thorough! If result exceeds "1", you are considered a "sharer") 1	
<input type="checkbox"/> (4) Water or Sewer			
<input type="checkbox"/> (5) Trash Disposal			
9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.			
PART B - CERTIFICATIONS			
10. SERVICEMEMBER. I certify that: a. The information I have reported is true and correct. b. I will immediately inform my commanding officer if any changes occur to the information I have reported. c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable. d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable.		11. HOUSING OFFICER or APPROPRIATE OFFICIAL. I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported.	
e. SIGNATURE 		a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
f. DATE SIGNED 20200320		If Yes, entitlement is: <input checked="" type="checkbox"/> (a) Initial <input type="checkbox"/> (b) Subsequent	
		b. SIGNATURE 	
		c. DATE SIGNED 20200320	
		d. TITLE HOUSING MANAGEMENT ASSISTANT	
12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.			
a. TYPE HOUSING ALLOWANCE ACTION (X one)		b. MIHA/MISCELLANEOUS ENTITLEMENT (X one)	
<input checked="" type="checkbox"/> (1) Start OHA <input type="checkbox"/> (3) Stop <input type="checkbox"/> (5) *Cancel		<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Subsequent <input type="checkbox"/> (3) None	
<input type="checkbox"/> (2) Change <input type="checkbox"/> (4) Correct <input type="checkbox"/> (6) *Report		c. EFFECTIVE DATE OF ACTION (YYYYMMDD)	
*For Air Force use only			
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No			
e. SIGNATURE 		f. TITLE HOUSING MANAGEMENT ASSISTANT	
f. DATE SIGNED 20200320			

MOVE-IN HOUSING ALLOWANCE CLAIM			INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR	
FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS (Read Warning, Privacy Act Statement, and Instructions on reverse before completion)			REPORT CONTROL SYMBOL DD-P&R(AR)1834	
PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION				
1. NAME (Last, First, Middle Initial)		2. GRADE	3. SOCIAL SECURITY NUMBER	
[REDACTED]		E7/MC	[REDACTED]	
4. DUTY LOCATION OR HOMEPORT		5. RESIDENCE ADDRESS (Street, Apt. No., City, Country)		
a. STATION NAME H&S BN, MCIPAC-MCB, CAMP FOSTER		b. LOCATION CODE (Official Use)		
c. CITY OKINAWA		d. COUNTRY JAPAN		
e. DUTY TELEPHONE NO.		[REDACTED]		
PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS				
a. EXPENSE ITEMS (List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix II, JFTR, to determine what can and cannot be reported.)		b. AMOUNT CLAIMED (If payment made in foreign currency, convert to dollars at actual conversion rate.)	c. AMOUNT ALLOWED (If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)	
PART B - RENT-RELATED EXPENSES (Not applicable to homeowners)				
AGENCY FEE Y125,000/Y104/\$1,201.92			\$1,201.92	
PAID ON 19 MAR 2020				
6. PART B SUBTOTAL (Official Use)			\$1,201.92	
PART C - SECURITY-RELATED EXPENSES (Allowed only in selected areas. See Appendix N.)				
7. PART C SUBTOTAL (Official Use)			\$0.00	
PART D - REIMBURSEMENT TO MEMBER (Official use only. Servicemember - skip to Part E.)				
8. AMOUNT FROM LINE 6			\$1,201.92	
9. AMOUNT FROM LINE 7			\$0.00	
10. AMOUNT DUE MEMBER (Sum of Lines 8 and 9)			\$1,201.92	
PART E - CERTIFICATIONS				
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.		b. DATE SIGNED (YYYYMMDD) 20200320		
a. SIGNATURE 				
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent (in dollars using Part B conversion rate, if appropriate) and total shares from member's DD Form 2367. (If homeowner, report "rent" as original purchase price divided by 120.)				
a. RENT Y250,000	b. TOTAL SHARERS 1	c. TITLE HOUSING MANAGEMENT ASSISTANT		
d. SIGNATURE 		e. DATE SIGNED (YYYYMMDD) 20200320		

CERTIFICATE OF NON-AVAILABILITY SAMPLE

REGISTRATION/ENROLLMENT OF YOUR SCHOOL-AGE CHILDREN IN DODDS OKINAWA IS STRONGLY ENCOURAGED. OFF-BASE, ENGLISH SPEAKING, CIVILIAN SCHOOLS ARE COSTLY AND ENROLLMENT IS LIMITED.

L. CHILD DEVELOPMENT SERVICES: CHILDCARE SERVICES ARE AVAILABLE ON A FIRST COME FIRST SERVE BASIS. FOR THE LATEST INFORMATION OR TO REGISTER ONLINE PRIOR TO YOUR ARRIVAL REFER TO WWW.MCCSOKINAWA.COM/CHILDCARE/ ; [HTTP://MCCSOKINAWA.COM/CYPDOWNLOADS/](http://MCCSOKINAWA.COM/CYPDOWNLOADS/) WEBSITE.

M. FOR MORE ASSISTANCE YOU CAN CONTACT YOUR GAINING UNIT AND/OR SPONSOR.

Certificate of Non-Availability

PCS/TAD

Dates of CNA: 3/6/2020 to 3/26/2020

CNA # 40210339019

Issued on: 2/13/2020 by YAI

MCCS Okinawa Lodging

TLA MEMBER TO MEMBER

- TLA DATA SHEET
- APPENDIX C
- ZERO BALANCE SHEET
- BOTH HOUSING FORMS
- MEMO TO RESIDE OFF BASE (IF APPLIES)
- CNA (IF APPLIES)

MEMBER TO MEMBER OFF-BASE SAMPLE

Temporary Lodging Allowance Request Form

Service Member Identification

Full Name: Member's Last Name and First Name Member's EDIPI Date: Today's Date
Rank Last First M.I. EDIPI

Unit/Command: Chain of Command in Okinawa RUC: Oki's RUC DSN: Work/Cell Number

Arrival Date: Date Arrived on Island RTD: Date Leaving Island Departure Date (DEPN(S) only): _____

Type of Tour (check one): Unaccompanied Accompanied Tour Conversion

Applicable DEPN(S): _____

Spouse: _____ Arrival Date: _____
Last First M.I.

Children: Date of Birth's (If Applicable) Arrival Date: Date Arrived on Island
Last First M.I.

TLA Request for: MBR+DEPN(S) MBR Only DEPN(S) Only

Does MBR have Active Duty Spouse? (check one): YES NO

Full Name: Spouse Last and First Name Rank: Spouse's Rank EDIPI: Spouse's EDIPI
Last First M.I.

Unit: Spouse's Unit In Okinawa RUC: Oki's RUC DSN: Work/Cell Number
USMC USN USAF USA

Branch of Service:

TLA Request Data / Member's Certification

Type (check one): Arrival Departure Renovation Other

Initial TLA for the selected event began on the following date: Date Arrived on Island

This is TLA Claim # _____ for _____ # of days. Date Range: _____ to _____

TAD and Leave Periods (check all applicable):

Funded TAD from: _____ to _____

Permissive TAD from: _____ to _____

On-island Leave from: _____ to _____

Off-island Leave from: _____ to _____

Housing Referral Registration Date: Date Attended Housing Brief and Application Date: _____

Adequate Cooking Facilities: Available Unavailable Other

Member's signature: Member's Signature Date: Today's Date

Penalty Statement

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001, and Title 21, Section 3729). I certify that I have read, understand, and adhere to the policy set forth in III MEF/MCIPAC-MCBB0 7220.1B. The above information is accurate and reflects my attempt to obtain adequate housing.

Unit Certification

COMRATS/BAS Start Date: _____ BAQ w/out DEPN(S) Start Date: _____

Effective Date of Lease: _____ Gov't QTRS Start/Stop Date: _____

TLA Overlap Days: _____ Date Range: _____ to _____

COLA Start Date: _____ COLA Stop Date: _____

OHA Stop Date: _____ OHA Start Date: Date They Moved Into House

I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.

Commander's/ Designee's Signature: B.N.THOMAS.CW03.OIC.PERSO.USMC Date: JUNE/ 4 / 2020

MCIPAC/III MEF DISBURSING/7220/3 (Rev. 11-16) PREVIOUS EDITIONS ARE OBSOLETE

TLA SINGLE MARINE

- APPENDIX C
- CNA OF BACHELOR QUARTERS
- ZERO BALANCE RECEIPT
- BACHELOR HOUSING FORM

TLA SINGLE MARINE

Temporary Lodging Allowance Request Form

Service Member Identification			
Full Name:	Member's Last Name and First Name	Member's EDIPI	Date: Today's Date
Unit/Command:	Chain of Command in Okinawa	RUC: Ok's RUC	DSN: Work/Cell Number
Arrival Date:	Date Arrived on Island	RTD: Date Leaving Island	Departure Date (DEPN(S) only):
Type of Tour (check one):	<input checked="" type="checkbox"/> Unaccompanied	<input type="checkbox"/> Accompanied	<input type="checkbox"/> Tour Conversion
Applicable DEPN(S):			
Spouse:		Arrival Date:	
Children:		Arrival Date:	
TLA Request for:	<input type="checkbox"/> MBR+DEPN(S)	<input checked="" type="checkbox"/> MBR Only	<input type="checkbox"/> DEPN(S) Only
Does MBR have Active Duty Spouse? (check one):	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Full Name:		Rank:	EDIPI:
Unit:		RUC:	DSN:
Branch of Service:	<input type="checkbox"/> USMC	<input type="checkbox"/> USN	<input type="checkbox"/> USAF <input type="checkbox"/> USA

TLA Request Data / Member's Certification				
Type (check one):	<input checked="" type="checkbox"/> Arrival	<input type="checkbox"/> Departure	<input type="checkbox"/> Renovation	<input type="checkbox"/> Other
Initial TLA for the selected event began on the following date:	Date Arrived on Island			
This is TLA Claim #:		for # of days:	Date Range:	to
TAD and Leave Periods (check all applicable):				
<input type="checkbox"/> Funded TAD from:		to		
<input type="checkbox"/> Permissive TAD from:		to		
<input type="checkbox"/> On-island Leave from:		to		
<input type="checkbox"/> Off-island Leave from:		to		
Housing Referral Registration Date:	Date Attended Housing Brief	and Application Date:		
Adequate Cooking Facilities:	<input type="checkbox"/> Available	<input checked="" type="checkbox"/> Unavailable	<input type="checkbox"/> Other	
Member's signature:	Member's Signature		Date:	Today's Date
Penalty Statement There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001, and Title 21, Section 3729). I certify that I have read, understand, and adhere to the policy set forth in III MEF/MCIPAC-MCBB0 7220.1B. The above information is accurate and reflects my attempt to obtain adequate housing.				

Unit Certification	
COMRATS/BAS Start Date:	BAQ w/out DEPN(S) Start Date: Date Mbr Moved In
Effective Date of Lease:	Gov't QTRS Start/Stop Date:
# TLA Overlap Days:	Date Range: to
COLA Start Date:	COLA Stop Date:
OHA Stop Date:	OHA Start Date:

I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.

Commander's/ Designee's Signature: B.N.THOMAS.CW03.OIC.PERSO.USMC Date: JUNE/ 4 / 2020

CNA OF BACHELOR QUARTERS SAMPLE

CERTIFICATE OF AVAILABILITY/NON-AVAILABILITY OF BACHELOR QUARTERS

1. Camp/Station Hansen

This certificate must accompany Request to Reside Off Base. Section 301 of this title 5, USC authorizes collection of this information. The primary use of this information is to review and record your request for bachelor quarters. This information may also be used by officials and employees in other components of the DoD; by other Federal agencies; and Federal state, and local enforcement authorities. Per DoDI 1000.30 use of Electronic Data Interchange Personal Identifier (EDIPI), referred to as the DOD ID number, is the authorized substitute for the SSN. This is valid for a period of 180 days (6 months) from the date of signature.

2. Last Name, First Name, MI _____ 3. Rank _____ 4. EDIPI _____ 5. Date _____

6. Adequate quarters (BQ# _____ Rm _____) are available.

a. Accepted: _____ Date: _____

b. Declined: _____ Date: _____

c. Non-command sponsored dependent on island.

d. Married to another service member.

e. Additional Comments (specify): _____

7. Adequate quarters are NOT available.

a. SNM has entered 20th week of pregnancy.

b. Household goods acquired due to separation or divorce while on Okinawa.

c. Additional Comments (specify): No quarters available from 06 Mar 2020 to 11 Mar 2020 (TLA purposes). Occupancy is at 100% on the camp and within the reasonable commuting area.

8. Inadequate quarters assigned (BQ# _____ Rm _____)

a. Accepted: _____ Date: _____

b. Declined: _____ Date: _____

(only E5's and above may refuse inadequate quarters)

c. Involuntary assigned (E4's and below)

(1) BQs# _____ (2) Room _____



Director, Housing & Billeting, MCBB

Reset Form

STATEMENT OF ENTITLEMENT TO ADEQUATE QUARTERS

All personnel reporting for assignment to bachelor quarters are required to read and sign the following statement. It will be kept on file with the individual's billeting file.

1. Permanent party E8s, E9s, W4s, W5s, O4s and above may elect to live off base and receive OHA, if eligible.
2. Corporal and below may be involuntarily assigned to Inadequate (not meeting MSA) quarters.
3. Adequate quarters availability is determined at the start of a duty assignment.
4. Personnel accepting inadequate quarters forfeit the right to BAH.
5. Upon check-out of off-base quarters, unaccompanied personnel must return to their Camp/Station Bachelor Housing Office for assignment to quarters. If quarters are not available (100% utilized at all Camps/Station within commuting distance), a certificate of non-availability for TLA shall be issued.

I have read and understand the above statement on 03/06/2020
(MM/DD/YYYY)



(Signature)

BACHELOR HOUSING SAMPLE

MCB Camp S.D. Butler

Camp Courtney
 Building 4405 Bachelor Housing
 Unit 35880, FPO, AP 96602-5880
 - Okinawa, Japan -
 DSN 315-822-9617 FAX DSN 315-822-7885 Commercial 011-81-811-722-9617

NAME ██████████		ACCOUNT	ARRIVAL DATE Mar-12-2020 09:54	DEPARTURE DATE Mar-11-2022	SVM UIC M20120
DoD ID	GENDER M	KEYS ISSUED 1	ROOM TYPE PRIVATE BEDROOM	BUILDING 4409	FLOOR / WING / UNIT ██████████ ROOM / BED 4409-210 / 4409-210A
DUTY STATION III MEP		CELL PHONE ██████████	PAY GRADE O1	PERSON TYPE Permanent Party	CLERK HKURAMOCHI
DEPARTMENT 30 INTEL ON		Notes: Privacy Act Statement: This information is requested to provide lodging accommodations and will become a permanent part of the Registration Log. The information may be used by management and other Department of the Navy officials in the performance of their duties and will be used to maintain accountability for property issued to residents and guests. Providing this information is voluntary; however, failure to provide required information, may result in loss of entitlement to lodging. Authority to request this information is derived from 5 USC 552a and Departmental Regulations. House Rules: 1. Occupancy Use. The occupant shall use the premises solely as a residence for themselves. Use of the premises for other purposes, including the shelter of any additional persons, is prohibited. 2. Condition of Property. The barracks manager & occupant have inspected the room & both agree the room is in habitable condition. Any discrepancies shall be submitted in writing to the barracks manager within 15 days of occupancy. 3. Good Repair. The Installation Commander shall maintain the property in good repair & habitable condition & shall be responsible for all repairs not due to the abuse or negligence of the occupant, including plumbing & appliances. Broken or defective equipment should be reported immediately. 4. Use of Facilities. The occupant shall use all fixtures, facilities & appliances in or on the premises in a reasonable manner. 5. Damaging Property. If the occupant willfully or negligently abuses, damages, or removes any part of the premises (including fixtures & appliances) or willfully or negligently permits any person to do so, the occupant shall be held monetarily responsible for all damages. 6. Occupant Conduct. Occupant shall conduct themselves in a manner that will not disturb other occupants in the facility. 7. Health & Safety. The occupant shall comply with all health & safety regulations imposed by local command. 8. Access to Property. Upon reasonable notice to the premises to: (a) inspect the property, (b) make necessary repairs or improvements, & (c) supply necessary or agreed upon services. If the occupant is away when the premises are to be entered, the housing representative shall have a member from the occupant's command or unit, a security officer, or a disinterested third party accompany them into the quarters. I HAVE READ, UNDERSTAND & WILL ADHERE TO THESE CONDITIONS HEREIN & IN THE MARINE CORPS BEQ CAMPAIGN PLAN. Financial Liability for Damages: I read, understand, and will obey the rules and regulations provided on this document and in the Bachelor Housing Handbook. I further acknowledge that tampering or altering any safety or fire protection device is a criminal offense. Violation of any of these rules and regulations are subject to disciplinary action under the Uniform Code of Military Justice, Article 92, "Failure to Obey Order or Regulation" and may result in loss/damage fees, eviction, and administrative or disciplinary action.			
ADDRESS ██████████					
CITY, STATE ZIP 96382					
RUC PHONE # 080					
PERSON E-MAIL ██████████					
ROOM PHONE #					



HISTORIC NOTES:

I Certify that I am am not receiving Basic Allowance for Housing (BAH).

SIGNATURE / DATE: CSK 20200315

Items Issued to 4409-210

Item	Barcode	Serial Number	Condition	PurchaseCost
TABLE, NIGHT STAND, NIGHT STAND TABLE	000033550-S-MQCC	-		
BOOKCASE, DESK CARREL BOOK CASE	000033605-S-MQCC	-		
LOVESEAT, LOVE SEAT SOFA	000032895-S-MQCC	-		
DESK, WRITING DESK	000033555-S-MQCC	-		
TABLE, COFFEE, COFFEE TABLE	000032927-S-MQCC	-		
FIRE EXTINGUISHER, 10LBS, ABC FIRE EXTINGUISHER	000032816-S-MQCC	-		55
DEHUMIDIFIER, DEHUMIDIFIER	000033775-S-MQCC	-		
CHAIR, EASY, RECLINER CHAIR	000033443-S-MQCC	-		
CHAIR, DESK, DESK CHAIR	000032728-S-MQCC	-		
REFRIGERATOR, HH REFRIGERATOR	000033719-S-MQCC	-		
WARDROBE, TV ARMOIRE WALL UNIT	000033498-S-MQCC	-		
DOUBLE, FULL SET BED	000032688-S-MQCC	-		
RANGE, GENERAL STOVE	000033738-S-MQCC	-		
TABLE, END, END TABLE	000032905-S-MQCC	-		
DRESSER, OFFICER/SNCO DRESSER	000033578-S-MQCC	-		
MICROWAVE, MICROFRIDGE/MFA-9TP/MFM-8TPW MICROWAVE	000032848-S-MQCC	-		

Signature CSK Date 20200315

TLA DEPARTURE

- ACT REVENUE OFFICE
- ZERO BALANCE RECEIPT

ACT REVENUE OFFICE FORMS



ACT Revenue Office
ACT: 45 889 287 288

BOND REFUND FORM

This form is to be used to refund a residential bond under the *Residential Tenancies Act 1997*

Rented property details

Unit Number	Street Number	Street Name	Suburb	Postcode
	22	[REDACTED]	Torrens	2607

Refund details

Amount of bond refunded to Tenant/s \$ 3125.00	Amount of bond refunded to Lessor/Managing agent \$ 275.00
---	---

Tenant details — complete this section, tenants to sign to approve payment to lessor/Managing agent and to confirm bank details

Full Name		Account Holders Name	
Postal Address	N/A	BSB Number (6 digits)	
Email		Account Number	
Contact Phone No.		Signature	[Signature]
		Date	05/12/19

Full Name		Account Holders Name	
Postal Address	N/A	BSB Number (6 digits)	
Email		Account Number	
Contact Phone No.		Signature	[Signature]
		Date	05/12/19

Full Name		Account Holders Name	
Postal Address		BSB Number (6 digits)	
Email		Account Number	
Contact Phone No.		Signature	
		Date	

Managing agent details (or lessor if no managing agent) — complete this section, managing agent/lessor to sign to approve payment to tenant/s

Full Name	Distinct Property Management	Account Holders Name	
Postal Address	[REDACTED]	BSB Number (6 digits)	
Email	[REDACTED]	Account Number	
Contact Phone No.	[REDACTED]	Signature	[Signature]
		Date	9/12/19

PO Box 293, Civic Square ACT 2608 — www.revenue.act.gov.au Tel: (02) 6207 0028

Statement of deductions (actual or estimated)

Deduction	Amount
Cleaning	\$ 275.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

- Incomplete applications will not be processed.
- If completing this form by hand please use a black pen only. Do not use correction fluid or tape.
- Any alteration to information provided on this form must be struck through with a black pen. Substitute information must be clear and all parties must sign in the margin.
- Refunds are paid by electronic funds transfer (EFT) ONLY. Where EFT account details are not completed in full refunds will be held as unclaimed monies.
- If the funds are to be deposited by EFT into a third party account, the third party account details must be noted next to the tenant or lessor's name and the tenant/s or lessor must sign, authorising the funds to be refunded into that third party account.
- Please note bond money will be divided equally among the tenants listed on the bond lodgement form upon receipt of a validly completed refund of bond form. If the tenants do not wish the bond to be refunded in equal amounts, a written signed statement including photo identification (Passport/ driver licence) by all tenants must accompany the refund of bond form indicating the amount to be refunded to each tenant.
- Electronic signatures will not be accepted.

CONTACT DETAILS AND LODGEMENT INFORMATION

Post completed application forms to:
ACT Rental Bonds
PO Box 293
Civic Square ACT 2608

Email completed application forms to: rb@act.gov.au with the property address in the subject header.

For further information on rental bonds refunds visit our website www.revenue.act.gov.au/rental-bonds or contact us by phone on (02) 6207 0028.

PRIVACY INFORMATION: The Act authorises the collection of the information required by this form. Any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014* will be prevented. However, identifiable information is provided to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Information may also be released to the Commissioner of Social Housing where a Housing ACT bond loan exists over the bond. Non-identifying information is regularly released to the Real E

PO Box 293, Civic Square ACT 2608 — www.revenue.act.gov.au Tel: (02) 6207 0028