

Michaels Rep. Signature	Arrival Date	Eligibility Da	ate	Waitlist Priority	
			Key	& Essential Staff?	
Waitlist Category	Date & Time A	Date & Time Added		No	

Office Use Only

						Gender:			
						Male	Female		
Name of Service Member [Last, First, M.I.] Current Street Address				Date of Bir	th	iviale	remale		
				City		State	Zip Code		
ell Phone Home Phone				Work Phone Social			I Security		
Civilian Email Address				Government Email Address					
		Marital Status:							
Pay Grade/Rank Date	of Rank	Branch of Ser	vice	— Married	Single	Unaccomp	anied Personne		
etachment Date Desired Move-In Date				How did you hear about us?					
 Installation/Organization Transferred From				Installation/Organization Transferred To/Military Unit					
Pet Information									
	on getting, pets?*	Yes N	0						
Pet Information Do you have, or plan of the state of the				ee Pet Policy for	breed restriction	ons.			
Do you have, or plan o					breed restriction	ons.	Weight		

ear Make			Model		Co	Color		License Plate N		
Year	Make	Make N		Model				License Plate Number		
Depende	nt Information									
Spouse										
Name [Last	, First, M.I.]	Phone		Email			Gender	Date of Birth	Social S	ecurity Numbe
Dual Military	/? Yes No	Bran	ch of S	ervice:		Rese	rves? Y	es No		
Rank:	Date o	fRank:		EMFP Member? Yes No						
Other Depe	ndents Residing wit	th Service Me	ember							
Name [Last, First, M.I.]		Relationship Gend		Gender	er Date of Birth So		Social Security Number			
Emergency C	Contact Information				1		'			
Name [Last, First, M.I.]		Relationship Pho		Phone	one Add		dress			
applicant's k	iis application, it is nowledge. The app ation, it could result	olicant under	stands	and agrees t	hat if it is la					
Service Mem	ber(s) Signature						 Date			

Vehicle Information

Email the completed application and all required documents on the Military Eligibility Form to: villagesatirwin@tmo.com

