

HOUSING DATA FACT SHEET

PLEASE TAKE THE TIME TO COMPLETE AND RETURN THIS FORM TO THE ISC HOUSING OFFICE. THE INFORMATION YOU PROVIDE WILL BE USED TO UPDATE THE HOUSING DATABASE SO WE CAN SERVE YOU BETTER. ALL INFORMATION PROVIDED WILL BE UTILIZED IN A CONFIDENTIAL MANNER IN ACCORDANCE WITH THE PRIVACY ACT.

NAME (Last, First, MI):	RANK/RATE:	SOCIAL SECURITY NUMBER:
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DUTY STATION:	WORK PHONE:	HOME PHONE:
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ADDRESS (Street, City, State, Zip Code):
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SCHEDULED ROTATION DATE:	WHAT ARE YOUR PLANS AT ROTATION DATE (EXTEND, TRANSFER LOCALLY / EARLY, RETIRE)? DATE?
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PETS

TYPE OF PET:	BREED:	TAG #:	COLOR & MARKINGS:

FIREARMS

MAKE:	MODEL:	CALIBER:	SERIAL #:

POV INFO

YEAR:	MAKE:	MODEL:	COLOR:	LICENSE NUMBER:

DEPENDENTS

NAME (Last, First, MI):	SEX	RELATIONSHIP:	DOB / DOM

MEMBER'S CERTIFICATION

_____/_____
Member's Signature **Date**