

Leased Housing Waiver Request

SECTION A - MEMBER INFORMATION

1. Member's Name (Last, First, MI):	2. Grade/Rank:	3. EMPLID:	4. Special Needs: Y/N	5. # of Bdrm Qual:	
				O/10 YOA	U/10 YOA
6. Duty Station:	7. Zip Code (PDS):	8. MHA:	9. BAH Rate:	M	M
				F	F

SECTION B - LEASE INFORMATION

1. Type: (FLH or UPLH)	2. Lease Address: (Include Apt #, City, State, and Zip Code)	3. Lease MHA:	4. Req'd Start Date:	
5. Total Bedrooms:	6. Total Baths:	7. Total SqFt:	8. HSG Style: APT/DPLX/TH/SFH:	
			9. Critical HSG Area:	
			Yes	No

SECTION C - COST ANALYSIS

1. Rent:	2. Utilities:	3. Total Cost:	4. Mbr's BAH Rate:	5. Admin Lease Cap:	6. % > Admin Lease Cap:	7. Annual Cost:
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SECTION D - WAIVER INFORMATION

Type	Question	Waiver Req'd:
Profile	Does the UPLH have less than 2 bedrooms and one full bath for every two members? If yes, waiver required. (CG-1333)	
Profile	Is the lease a single family home? If yes, waiver required. (PSC)	
Profile	Does the lease have more than 4 bedrooms? If yes, waiver required. (CG-1333)	
Profile	Does the square footage exceed the matrix in OMB Circular A-45? If yes, waiver required. (PSC) (1 Bdrm - 810 sqft, 2 Bdrm - 1250 sqft, 3 Bdrm - 1670 sqft, 4 Bdrm - 2100 sqft)	
Eligibility	Does member exceed the Leased Housing Eligibility Matrix requirements? If yes, waiver required. (CG-1333)	
Eligibility	Is a one bedroom upgrade required for a handicapped dependent or person not qualified as a dependent? If yes, waiver required. (PSC)	
Eligibility	Does lease exceed the member's bedroom eligibility requirements by more than one bedroom? If yes, waiver required. (CG-1333)	
Eligibility	Is the member's BAH greater than total cost of lease? If yes, waiver required. (CG-1333)	
Eligibility	Is the member from a foreign service? If yes, waiver required. (CG-1333)	
Cost	Does the total amount of the lease exceed the administrative lease cap? If yes, waiver required. (PSC)	
Cost	Does the total amount of the lease exceed the administrative lease cap by 20%? If yes, waiver required. (CG-1333)	
Cost	Does the total annual amount of the lease exceed \$30K? If yes, waiver required. (CG-1333)	
Vacancy	Retain vacant leased housing in the housing inventory beyond 10 days. If yes, waiver required. (PSC) Is/Is	
Vacancy	Retain vacant leased housing in the housing inventory beyond 30 days. If yes, waiver required. (CG-1333)	
Other	Provide detailed information in the comment block.	

SECTION E - AUTHORIZATION

1. AHO	Forwarded Recommending Approval		Date:	Signature:
	Disapproved (Provide Comments)			

COMMENTS:

2. PSC	Approved		Date:	Signature:
	Forwarded Recommending Approval			
	Disapproved (Provide Comments)			

COMMENTS:

3. CG-1333	Approved		Date:	Signature:
	Disapproved (Provide Comments)			

COMMENTS:

