

TEMPORARY LODGING ALLOWANCE ARRIVAL/ALTERNATE TEMPORARY LODGING CLAIM

MEMBER INFORMATION

| | | |
|--|---|----------------|
| Name: | SSN: | Rank/Paygrade: |
| Command: | UIC: | Date Reported: |
| Phone Number: | <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied (at time of submission) | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Military-Military Couple <input type="checkbox"/> Single w/Dependents | | |
| Dependent(s) names residing in the area / Ages of Children (list oldest to youngest) | | |
| <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> | | |
| Date family arrived _____ | | |

TLA/TEMPORARY LODGING FACILITY INFORMATION

| | |
|-------------|--|
| Hotel Name: | Adequate Kitchen Facilities (as per regulations): <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|--|

MEMBER CERTIFICATION

| | |
|--|---------------------|
| I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: _____ | Signature/Rank/Date |
| * Certificate of Non-Availability from Navy Lodge is required for alternate Lodging | |

MEMBER'S DEPARTMENT HEAD

| | | | |
|--|----------------------|---------------|--------------------------|
| _____ Department Head Signature (over 30 days) | _____ Rank / Name | _____ Date | _____ Phone Extension |
|--|----------------------|---------------|--------------------------|

HOUSING SERVICE CENTER

| | | | |
|--|--|----------------------------------|-----------------|
| TLA <input type="checkbox"/> is <input type="checkbox"/> is not recommended from _____ through _____ | | | |
| Total Number of days in TLA at end of this TLA period: _____ | | | |
| Expected Date of Occupancy: _____ | | Contract Appointment Date: _____ | |
| Remarks: _____ | | | |
| _____ | | | |
| _____ | | | |
| Housing tours were conducted this period on the following dates with each tour consisting of viewing at least five residences: _____ | | | |
| _____ | | | |
| Designated TLA Housing Rep(Print Name) | | Signature | Date |
| | | | Phone Extension |

COMMAND ENDORSEMENT - HOUSING DIRECTOR DETERMINATION

| | | |
|--|-----------|------|
| Housing Director Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ | Signature | Date |
| (45-60 days) | | |

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 552a(b). The principle purpose of the information provided is used to identify the member and his or her service record. The information will be used to assist officials and employees of the Department of the Navy in determining eligibility for and approving or disapproving of the reenlistment being requested. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.