

**EMERGENCY TEMPORARY LODGING ALLOWANCE (TLA) REQUEST AND 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)		
_____		
_____		
_____		
Date family arrived _____		

**TLA/TEMPORARY LODGING FACILITY INFORMATION**

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

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

**HOUSING SERVICE CENTER**

Emergency TLA <input type="checkbox"/> is <input type="checkbox"/> is not recommended for period _____ to _____
Remarks: _____
_____
Housing Representative Signature _____ Date _____ Phone Extension _____ (CDO MAY SIGN IF CONDUCTED VIA PHONCON)

**NAVSUPPACT NAPLES DETERMINATION**

Emergency TLA <input type="checkbox"/> is <input type="checkbox"/> is not approved for period _____ to _____
Remarks: _____
_____
NAVSUPPACT Naples TLA Coordinator (Print Name) _____ Signature _____ Date _____ Phone Extension _____

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.