

**Employee Application Request for Relocation Services**

Employee and Spouse Names: \_\_\_\_\_

Employee Social Security No.: \_\_\_\_\_

Mailing Address if different than the address to be sold: \_\_\_\_\_

Old Duty Station: \_\_\_\_\_

New Duty Station: \_\_\_\_\_ Phone: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Do you intend to sell your house through relocation service company?    Yes \_\_\_\_\_ No \_\_\_\_\_

Provide following information if requesting Guaranteed Home Purchase Service:

a. Address of residence to be sold: \_\_\_\_\_

Including Zip Code: \_\_\_\_\_

b. Name(s) of Titled Homeowner(s): \_\_\_\_\_

c. Are all individuals who are listed as titled homeowner(s) members of your immediate family?:    Yes \_\_\_\_\_ No \_\_\_\_\_

d. Is the residence shown in the address above your residence at the time you were first definitely informed by competent authority of your transfer?    Yes \_\_\_\_\_ No \_\_\_\_\_

e. Type of dwelling: single-family home \_\_\_ duplex \_\_\_ apt \_\_\_ farm \_\_\_ other \_\_\_

f. Estimated acreage of residence property: \_\_\_\_\_

g. Estimated selling price: \$ \_\_\_\_\_

h. Mileage distance of residence from old duty station: \_\_\_\_\_

Please check services interested in obtaining:

Guaranteed Home Purchase Program

Home Marketing Assistance

\*Management of Household Goods Shipment and Storage

Home Search Assistance

Mortgage Counseling

Additional Services that are available at employee's expense:

Rental Home Finding

Spouse Employment Counseling

Office Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

I prefer to be contacted by relocation service company at \_\_\_\_\_

(Phone, fax no. – Area Code)

\_\_\_\_\_ (time of day)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*If household goods are in storage, please provide the storage address: \_\_\_\_\_