

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: _____