

**COMMUNITY HOUSING FEEDBACK**

Complete in detail after you have leased or purchased housing and return to the Housing Office. You will be considered to be acceptably housed unless housing feedback is received within 30 days.

PRIVACY ACT STATEMENT: Authority for solicitation of SSN is Executive Order 9397. SSN will be used for positive ID. Disclosure of this information is voluntary; however, failure to disclose could possibly result in the inability to initiate action in determination of discrimination, corrective action, and providing acceptable housing.		
NAME	RANK	DATE OF RANK
SSN	UNIT	UNIT TELEPHONE
ADDRESS		
HOME TELEPHONE	LANDLORD/AGENCY	

CHECK ALL THAT APPLY  
(If purchased, price \$ \_\_\_\_\_ .00)

<input type="checkbox"/> Rent <input type="checkbox"/> Share <input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex Number of bedrooms: _____ Do you feel this is acceptable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why: <input type="checkbox"/> Unsafe <input type="checkbox"/> Unsanitary <input type="checkbox"/> No potable water <input type="checkbox"/> No hot water <input type="checkbox"/> No heat <input type="checkbox"/> No electricity
MONTHLY COSTS: Rent \$ _ .00_ Utilities \$ _ .00_ Mortgage \$ _ .00_ Condo Fee \$ _ .00
Do you fee you were discriminated against? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who discriminated? _____
SIGNATURE _____ DATE _____

FS Form 25  
(DPW) 1 Dec 00

\*\*\*\*\*FOLD AND RETURN\*\*\*\*\*

Commander  
USAFACFS  
ATTN: ATZR-EHA  
Fort Sill, OK 73503