

Department of Defence

This form :

- is to be completed by an MWD(U) or MWOD member who is being deployed.
- supplies the written notification to elect retention of your current housing arrangement.
- supplies the Unit confirmation and approval of deployment details.

What is your current categorisation? MWD **You do not need to complete this form**
 MWD(U) Please complete the following details
 MWOD

Member to complete

Service number	<input type="text"/>	Employee ID	<input type="text"/>	Rank	<input type="text"/>
Family name	<input type="text"/>		Initials	<input type="text"/>	
Unit/Ship name	<input type="text"/>		Base	<input type="text"/>	
Service	Army <input type="checkbox"/>	Navy <input type="checkbox"/>	Air Force <input type="checkbox"/>		
Contact phone number(s)	Work (<input type="text"/>)	Home (<input type="text"/>)	Mobile	<input type="text"/>	
Email(s)	<input type="text"/>		<input type="text"/>		
Date of departure	<input type="text"/>	Date of return (estimate if not confirmed)	<input type="text"/>		

Do you wish to apply for a Removal?

Note: A Removal Entitlement does not exist for members deployed for less than 6 months. No
 Yes **Note:** You may have a removal entitlement - a Case Manager will contact you.

What is your current housing arrangement?

LIA - Living In Accommodation Room no. Block No.
 Street Base

MCA - Member Choice Accommodation
 RA - Rent Allowance
 Surplus SR – Surplus Service Residence
 MRA - Managed Rent Allowance

What is the address of the property?

 State Postcode

Do you wish to retain your housing at your address? No Yes

Other Please specify

Will there be a house sitter at the property in your absence? No
 Yes Provide their details below

If ADF personnel - Service number or Employee ID	Family name	Given name	Rent contribution per week
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Member's Signature Date

CO/OC/authorised person

ADJT/CCLK/Equiv acknowledgement I have examined the above member's advice of deployment and application to retain housing. I understand that this information will be used to assess this member's entitlements under PACMAN.

Your application to retain LIA is rejected. Please take the necessary actions to vacate this accommodation as soon as possible. **I can confirm the Deployment is of warlike/non-warlike nature as outlined in PACMAN chapter 17, incurring the entitlements outlined in PACMAN chapter 6 and 7.**

Date of departure Date of return (estimate if not confirmed)

Signature of CO/OC/authorised person Date

Printed name

Rank/Position

Unit/Ship

Please forward the completed form:

- to the relevant DHA office.
- OR if your current housing is LIA forward to your relevant pay administrator/equivalent