

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"/>				
Date of departure	<input type="text"/>	Date of return (estimate if not confirmed)	<input type="text"/>		
Operation name	<input type="text"/>				

Do you wish to apply for a Removal? No
 Yes **Note:** You should call Toll Transitions to discuss any removal entitlement

What is your current housing arrangement?

LIA - Living In Accommodation <input type="checkbox"/>	Room no. <input type="text"/>	Block No. <input type="text"/>	
	Street <input type="text"/>	Base <input type="text"/>	
MCA - Member Choice Accommodation <input type="checkbox"/>	<p>What is the address of the property?</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> State <input type="text"/> Postcode <input type="text"/>		
RA - Rent Allowance <input type="checkbox"/>			
Surplus SR – Surplus Service Residence <input type="checkbox"/>			
MRA - Managed Rent Allowance <input type="checkbox"/>	<p>Do you wish to retain your housing at your address? No <input type="checkbox"/> Yes <input type="checkbox"/></p>		
Other <input type="checkbox"/>	Please specify <input type="text"/>		

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/Equip 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. **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.**

Your application to retain LIA is rejected. Please take the necessary actions to vacate this accommodation as soon as possible

Date of departure	<input type="text"/>	Date of return (estimate if not confirmed)	<input type="text"/>
Signature of CO/OC/authorised person	<input style="width: 100%; height: 30px;" type="text" value="Signature"/>		Date <input style="width: 15%; height: 20px;" type="text"/>
Printed name	<input type="text"/>		
Rank/Position	<input type="text"/>		
Unit/Ship	<input type="text"/>		

Forward the completed form:

- to the relevant DHA office; or
- if your current accommodation is LIA forward to the local Garrison Support Accommodation Cell.
- **Please DO NOT forward to the Military Personnel Administration Office.**