



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, RED CLOUD AND AREA I
UNIT # 15707
APO AP 96258-5707

IMRD-ZA

1 Dec, 2014

MEMORANDUM FOR SEE DISTRUBUTION

SUBJECT: United States Army Garrison, Red Cloud and Area I-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

1. PURPOSE: To establish policy and procedures for Housing Referral Operations in Area I.

2. APPLICABILITY: This policy applies to all Military personnel and Department of Defense (DOD) Civilian and SOFA Stamp Contractors who are eligible for housing services in Area I.

3. REFERENCES:

a. Army Regulation 420-1, Army Facilities Management, 24 August 2012

b. DA Pamphlet 420-1-1, Housing Management, 2 April 2009

c. USAG-RC and Area I Housing SOP dated 30 Jun 2014

4. RESPONSIBILITIES: The Housing Services Office (HSO) will provide the following housing referral services.

a. Assist Military personnel and Department of Defense (DOD) Civilians, SOFA Stamp Contractors and their families in locating private adequate housing (Appendix A Off-post Housing Adequacy Standards).

b. Review and process rental contracts. Negotiate and mediate disputes and refer to legal office when necessary.

c. Maintain a listing of realtors and property managers to insure customers receive current information on nondiscriminatory rental properties.

d. Government rental lease agreements in English and Hangul (Appendix B-1 Lease Agreement).

e. Liaison with tenant, landlord and real estate agency, community and governmental officials.

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f. Interpretation services in dealing with realtors, landlords and utility companies.

g. Conduct property inspections to insure that it conforms to the government adequacy standards.

5. POLICIES:

a. All Military personnel and DOD Civilians are required to process through the Housing Office, prior to obtaining off-post housing and will complete the applicable off-post housing packet. Processing lease paperwork will require an appointment made at either Camp Casey, Housing Office at 730-3913/4351 or Camp Red Cloud, Housing Office at 732-7487/7824.

b. All SOFA Stamp Contactors are required to be registered in the Housing office Data Base (eMH) if residing in Area I or Using the Area I Approved Realtors Program. Approved Area I realtors as a condition for approval have agreed "not" to provide service to SOFA Stamp persons without having them registered in eMH for emergency notification and tracking purposes. Minimum documents are required for registration of those persons with a SOFA Stamp not applicable under paragraph 5A above.

c. HSO staff will provide a list of authorized approved realtors that customers may contact for available apartments within the community.

d. HSO staff will conduct the housing adequacy safety inspection before lease signing by using the Housing Adequacy Standards Checklist (Appendix C) which includes health, safety, welfare, etc., and the Housing Security Review Checklist (Appendix D).

e. All leases are between the property owner and the tenant. HSO staff will be present and are responsible for assisting the customer in the lease negotiations and ensuring the best rental rate is negotiated.

f. If a customer refuses to have HSO staff review the lease, the customers lease will not be approved, this includes Overseas Housing Allowance (OHA) and Living Quarters Allowance (LQA) documentation for Civilians.

g. All SOFA Stamp holders must process the minimum required documents for eMH entry (safety, adequacy inspections and application). Failure to provide documents will prevent Housing assistance, use of Military clause, notification to contract COR or leadership and unauthorized use of Area I Realtor services.

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h. All Area 1 personnel intending to reside off post must attend the Area 1, HSO housing brief and complete all documents, Command approvals and obtain supported documents as required prior to lease signing or housing inspections.

6. PROCEDURES:

a. Required Documents: The following documentations must be provided before a lease can be processed:

- (1) Proof of property ownership
- (2) Verification of property tax payment
- (3) Korean property tax assessment
- (4) Property zoning records
- (5) Property owner's certificate of affixed seal stamp (registered in court)
- (6) Property owner's certificate of residence and bank documentation showing the current amount owed on the property

b. Realtor Registration/POA: If a realtor is signing for the landlord, the realtor will provide a signed Power of Attorney (POA). Realtor must have on file or provide a map showing the location of the real estate office, certificate of public brokerage license and certificate of affixed seal stamp.

c. Housing Brief: Housing staff will brief Military personnel and DOD Civilian on monthly rent, security deposit, utility charges, providing appliances and/or furniture information, paying connection fees, Military clause, and termination of lease, local laws, and ordinance.

d. OHA/MIHA: Housing staff will brief and provide paperwork for Overseas Housing Allowance (OHA) and Move in Housing Allowance (MIHA) for the soldier (Appendix E-1-OHA and Appendix F-1 MIHA).

e. Leases with relatives: Housing will not process any leases for government employees or Service Members (SMs) where the lease is with a relative without being reviewed by the Staff Judge Advocate (SJA) office. The proposed landlord must be the owner. The SJA will provide a written opinion that the lease is authorized and can be processed.

f. Lease renewals: Landlord and realtor who has POA is required to be present for all lease renewals.

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g. Lease termination notice: It is the tenant's responsibility to notify the landlord in writing at least 30 days prior, of intent to terminate. If you don't provide the 30 days Verification of Clearance, you may be held liable for another month's rent (Appendix G-1 Verification of Clearance).

h. Rental insurance: Recommend that personnel obtain renters insurance to protect their personal possession and leased property when the renter is determined liable.

i. Safety devices: Fire extinguisher, carbon monoxide and smoke detector devices are required prior to move in.

j. Fair market value: The Housing Division must ensure that all lease contracts reflect fair market value (not a customer's ability to pay). Fair market value is defined as the amount in cash or, on terms reasonably equivalent to cash, for which in all probability the property would be rented by a knowledgeable lessor willing, but not obligated to rent to a knowledgeable lessee who desires but is not obligated to rent. The Housing Office will not approve rental contracts that do not reflect fair market value. The Housing Office will review property ownership documents, property value publications, and comparable properties. Renters may enter into a contract that exceeds FMV however they will be advised that only the FMV will be processed for OHA/LQA payments. Example; landlord wants \$1,500.00 for an apartment that has a \$1,300.00 FMV, the contract can be processed however only the FMV will be processed to finance/CPAC and any cost over FMV is the individuals responsibility even if the OHA level is greater.

k. Complaint Processing: All complaints for off-post housing should be reported immediately to the Housing Division at Area I. The Housing staff will obtain information from each party concerned and circumstances will be objectively evaluated. When possible, complaints will be obtained in writing from the aggrieved parties. Preliminary investigation of complaints will be made and settle as quickly as possible.

l. Off-Limit Restrictions: The Garrison Commander will impose off-limit restrictions to landlords and real estate agencies that engage in unscrupulous or unfair business practice, and to those who charge or attempt to charge excessive rent to U.S. personnel. This includes restrictions such as placing apartments off-limits for health and safety reasons. The Housing Office will follow procedures as outlined by AR 190-24, Armed Forces Disciplinary Control Boards, and off-installation liaison and operations. Off-limit lists will be provided and posted in the bulletin board for viewing at the Housing Office.

7. AREA I APPROVED REALTORS:

a. Area I Housing Division Chief will ensure an Approved Realtors List is established and maintained.

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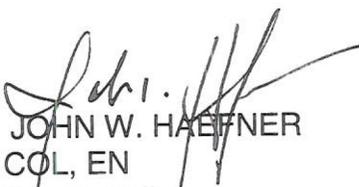
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b. Approved Realtors must be vetted and trained to Area I housing standards. Complete the Business Rules Agreement, attend quarterly update trainings, provide reports quarterly as requested, report all delinquent payments, refuse service to any SOFA Stamp holder and Service Member that fails to provide eMH data entry documents.

c. Realtors and Housing personnel will make every effort to resolve concerns to include releasing of notices, information flyers and guidance impacting common misunderstandings. When its clear a conflict resolution cannot be reached, Housing will contact Military/Civilian Leadership for assistance. Realtors and Landlords retain the option to seek resolution in the Korea Court System when all efforts with Housing and / or the chain of Command have not resulted in an acceptable resolution.

d. Realtors failing to comply with Business Rules can be restricted from entering new contracts for periods of 30-90 days by the Housing Chief in writing with a detail explanation of failures and solution expectations. Realtors may appeal to the Garrison Commander in writing. Grave grievances will be processed to the disciplinary control boards for determination.

8. Any questions concerning this policy can be directed to Chief, Housing Division at 732-6554.



JOHN W. HAEFNER
COL, EN
Commanding

DISTRIBUTION:

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APPENDIXES:

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APPENDIX A OFF-POST HOUSING ADEQUACY STANDARDS

1. The unit must be a complete dwelling unit with private entrance, bath, and kitchen for sole use of a single family. It must be so arranged that the bathroom, kitchen, and bedroom can be entered without passing through bedroom.

2. The unit must be adequate in bedroom count for military families as stated in the applicable service's regulations. The housing referral office inspector will determine the floor space by a tape-measuring device to determine the net inside living area. Net living area excludes bulk storage area, utility room, porches, balconies, stairwells, hallways and parking space. The net floor area should normally be the minimum specified below:

- a. One bedroom unit -- 550 square feet (15 pyong) One pyong = 36 sq ft
- b. Two bedroom unit -- 740 square feet (20 pyong)
- c. Three bedroom unit -- 960 square feet (26 pyong)
- d. Four bedroom unit -- 1190 square feet (33 pyong)

Note. Only in unusual cases will units be declared inadequate solely because of insufficient floor space. Space criteria for Unaccompanied Personnel Housing (UPH) should be in accordance with proponent service's directive for space adequacy for unaccompanied personnel housing.

3. The unit must be well constructed, be in good repair, and have proper heating equipment. The heating system should be of the acceptable types listed below:

- a. Central heating, using oil, gas or electricity and either forced draft or a circulating hot water/steam heating system.
- b. Electric, natural gas or liquid propane gas space heater. (Liquid propane gas container should be located on the exterior of the building).

4. The unit must be located in an area that has no known health or sanitation problem. It must not be subject to offensive fumes, industrial noises, and other objectionable features. It should have hot and cold tap water on a daily basis. The tap water should be potable or filtered as an alternative source, through USFK approved bottled water company, or an available source of private-haul post potable water.

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APPENDIX A-1

6. Military (with LTC approval) not receiving OHA or Civilians without LQA may rent in private homes provided all of the aforementioned requirements are met and realtors have briefed them on challenges of shared space and Korean rules / laws.

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APPENDIX B-1 LEASE AGREEMENT

FAIR MARKET VALUE (FMV) DETERMINED		FMV DETERMINED PRINT NAME	SIGNATURE	DATE
RENT:	UTILITIES:			
LEASE AGREEMENT				
LESSOR'S NAME & ADDRESS 임대인 성명		ROK ID 주민등록번호	LESSOR'S PHONE 전화	
LESSEE'S NAME 임차인 성명		SSN	RANK/GRADE 계급	
ORGANIZATION 소속		UIC	DUTY PHONE 전화	
OFF-POST 임차인 주소 RENTED HOUSE ADDRESS			DATE OF LEASE 계약일	
Lease Term of _____ months. Beginning _____ Expiring _____.				
계약기간은 _____ 년 _____ 월 _____ 일 부터 _____ 년 _____ 월 _____ 일 까지 개월로 한다.				
RENTAL CHARGE 임대료	(1) MONTHLY (월세):		*SECURITY DEPOSIT (보증금):	
	(2) ADVANCE PAYMENT (선불금)		*NUMBER OF MONTHS:	
(OPTIONAL) ELECTRONIC FUNDS TRANSFER	LESSOR'S FINANCIAL INSTITUTION NAME _____			
	(TYPE OF ACCOUNT) CHECKING / SAVINGS / OTHER _____			
		LESSEE'S FINANCIAL INSTITUTION NAME _____		
		(TYPE OF ACCOUNT) CHECKING / SAVINGS / OTHER _____		
1. The Lessor hereby leases to the above described premises and agrees as follows:				
a. The Lessee shall pay to the Lessor for the use of the premises rent in advance on the _____ day of each month during the term 임차인은 본 계약기간동안 매월 _____ 일에 부동산(주세)의 임대료를 선불한다.				
b. The Lessor hereby agrees the specified rental rate continued herein shall not increase during the term of this lease. 임대인은 계약기간 동안 상기에 기재된 임대료를 인상할 수 없다.				
c. The Lessee shall be entitled to return of the deposit if the premises are returned to the Lessor in the same condition as they were when leased, less normal wear and tear. 임차인이 계약 만료시 임대보증금을 반환 받은 권리가 있다. 단, 임차인이 임대차에 사용했던 기간 중 아무런 손해가 없어야 하며 입주할 당시의 상태를 유지하여야 한다.				
d. Throughout said term, the Lessee will take good care of the premises and appurtenances and allow no waste or injury; comply with all laws, ordinances and government regulations. 본 계약기간은 종하여 임차인과 임대 재산과 재산의 증손물에 대하여 상호하게 관리하여 양 당사자가 합의 하고 모든 법령과 정부규정 및 시 규정을 준수할 것을 동의한다.				
e. Charges for heating and hot water shall be in accordance with the meter reading for the Lessee's premises. 난방과 온수 사용료는 검침에 의해 임차인의 부담으로 한다.				
f. The monthly charges for electricity shall be in accordance with the meter reading for the Lessee's premises 매월 전기요금의 임대 부동산에 설치된 계량기 요금에 따르다.				
g. Cold water charges shall be in accordance with the meter reading for the Lessee's premises 수돗물요금의 임대 부동산에 설치된 계량기 요금에 따라 임차인의 부담한다.				
h. Charges for the telephone shall be based on the official rate of the MINISTRY OF COMMUNICATION OF THE REPUBLIC OF KOREA. 전화요금의 대한민국 통신부의 공표요금에 따르다.				
i. Charges for the management fee will be _____ Won per month. 관리비는 매월 _____ 원으로 한다.				
j. Charges for the trash collection will be _____ Won per month. 쓰레기수거료는 매월 _____ 원으로 한다.				
2. This lease may be terminated by the Lessee if the premises become uninhabitable because of dilapidation, condemnation, fire or other casualty or failure to provide hot and cold water, electric current and such heating apparatus for a Period in excess of 10 days if any of the foregoing occurs. Lessor will pay Lessee for cost of temporary quarters until repairs of damaged system are completed and in operation order. It is further expressly agreed that if the Lessee herein should receive official military orders relieving him from station at _____ KOREA, or retiring him or				

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APPENDIX B-3 LEASE AGREEMENT

이와 DMZ에서 임대인이 제공하는 가구의 경우 OHA에 가지에 포함이 될수있다. 임차인이 CS 또는 J/G인 경우 주택과 가구부속의 다른가구에
이관될 수 있다. 만약 이종종가구는 주택외의 DMZ 상에서 거주한 소년하에 임대인이 제공가능한 용하는 임차인과 임대에게 요청할
수 있다. 가구부속은 임대인이 이를 계약에 포함하지 않으면 해당비용을 부담할 수 없다는 것을 숙지하여야한다. 그 다음으로 이종종
OHA 제공비용은 없다. CS 또는 J/G가 아닌 임차인과 계약한 가구가 있을 경우 RCP 없이도 가구부속으로 제공받을 수 있다. OHA에
포함되지 않은 임대인 CS J/G가 아닌 임차인의 가구는 오직 이러한 임차인의 책임이다. 이것은 LQA시행에 연 관되지 않는다.
현재 신청 중인 계약과 계약이 체결되기란 보지하며 그 후의 변경이 이 규정이 적용될 것이다.

SPECIAL AGREEMENT 특별합의 사항

I _____ understand this lease agreement is a binding agreement entered into to
guarantee the residence is held / reserved until my entitlement to occupy date _____. I understand that I have a standard military clause
law housing requirements _____. I understand this agreement holds me liable for any requested additional cost that may have been
incurred on realtor/landlord because of my request in the event this lease is broken _____. I understand this lease cannot be finalized /
processed to finance until reviewed and approved by the Area 1 Housing Office

Signature _____ Date _____

LESSOR 임대인	WITNESS 증인
LESSEE 임차인	

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APPENDIX C OFF-POST HOUSING ADEQUACY CHECKLIST

OFF-POST HOUSING ADEQUACY CHECKLIST			
OCCUPANT'S NAME:		DATE OF LEASE:	
ADDRESS:		PHONE NUMBER:	
FORM LEGEND: <input type="checkbox"/> MEETS STANDARD		<input type="checkbox"/> INITIAL INSPECTION FLOOR SPACE PY: M'	
<input type="checkbox"/> DOES NOT MEET STANDARD		<input type="checkbox"/> ANNUAL HEATING SYSTEM REVIEW DATE	
HEALTH		SAFETY	
BATHROOM (EA)		EXTERIOR SECURITY	
Flush Toilet		Parking	Lights
Hot Tap Water		House Accessibility	Doors/Gates
Cold Tap Water		Flood Plain	Security Locks
Tub Or Shower		Fire Escape	Window Locks
Floor Covering		Smoke Detector	Parking
Shower Enclosure		Stairways	
Lavatory		Surroundings	
		Gas Connections	
KITCHEN		ELECTRICAL SYSTEM (110V ; 220V)	
Floor Covering		Wiring	AF N Reception: Yes No
Hot Tap Water		Receptacles	Fire Extinguisher
Cold Tap Water		Circuit Breakers	Carbon Monoxide
Sink		Main Switch	
Space/Connection-Stove			
Space/Connection-Refrigerator		HEATING SYSTEMS*	
Portable Water		Forced Air Furnace	
Bottle		Gas	
Tap		Fuel Oil	
Cabinets/Counter Top		Electric	
Range Hood		Radiator/Floor System	
BEDROOMS (BR)		Hot Water	
Ventilation		Steam	
Closets		Space Heaters	
Garbage Pickup		Kerosene Heater	
Window Screens			
UTILITY ROOM			
Space/Connection-Washer (US ; Korean)			
Space/Connection-Dryer (US ; Korean)			
Bulk Storage			
Drainage			
Housing using QNDOL system will not be approved for rent. *All HEATERS must be properly vented.			
HSO INSPECTOR'S SIGNATURE	DATE	OCCUPANT'S SIGNATURE	DATE

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**APPENDIX D-1
ECONOMY – OFF POST HOUSING
SAFETY & SECURITY REVIEW CHECKLIST**

**ECONOMY - OFF POST HOUSING
SAFETY & SECURITY INSPECTION CHECKLIST**

Customers Name	CELL	Address:
Employer w/ Orders Attached:		
Type of residence: Stand Alone House Row House Low Rise Apartment High Rise Apartment		
<p align="center">Any items on this checklist that do not apply place N/A in the remarks. This checklist is not all-inclusive and should be used only as a guide.</p> <p align="center">All safety standards are weighed against American OSHA standards. Any area in the Mandatory Safety Inspection Area that receives a "NO" is an auto failure.</p>		
AREA		
MANDATORY SAFETY INSPECTION REQUIRED		Yes No Remarks
1. Is there a fire extinguisher provided with current inspection dates?		
2. Are all receptacles properly installed and working?		
3. Is there a fire alarm or smoke detector mounted in the kitchen?		
4. Is the heating system suitable as noted on adequacy checklist and IS NOT using the old Korean ONDOL system		
5. Is the residence free of any exposed, hanging or loose electrical wiring that is visible or accessible		
6. Are all gas lines if not in use correctly capped (not just a closed valve)?		
7. Do all windows and balconies over 2 floors have safety railings bars to prevent children from falling climbing out?		
8. Are all doors and windows able to be secured properly from the inside?		
9. Is the residence free of any obstacles that would prevent the quick evacuation in the event of an emergency / the egress is not blocked?		
10. Is there a carbon monoxide detector in kitchen at a minimum?		
11. Does the residence have a clearly identified emergency exit route in English?		
12. Does the residence have adequate cooking facilities (stove and refrigerator since any residence who would invite excessive hotplates or cooking appliances leading to fires or improper food storage)?		
<i>Those personnel that do not receive payment for housing allowances from agencies within Area 1 (i.e. other MACOMS, Contractors, Teachers etc..) are still eligible to enter a lease agreement regardless of conditions however the failure findings will be recorded in the database and if possible a copy sent to the employer for their situational awareness. Personnel refusing to comply with the safety inspection must utilize a realtor not on the Area 1 approved realtor list.</i>		N/A N/A N/A
Interior House/Apartment		Yes No Remarks
1. Is a security alarm installed in the house or apartment?		
2. Are the exterior doors solid to the core?		
3. Are door hinges located on the interior to prevent removal from outside?		
4. Do exterior doors have double or dead bolt locks?		
5. Do lock bolts extend at least 3-4 in inch into the strike plate?		
6. Are locks in good repair?		
7. Are all locks firmly mounted?		
8. Can entry door locks be opened by breaking a glass or a panel?		
9. Is there little or no "play" when trying to force the lock bolt out of the strike plate?		

HSO Form 4A Dated 26 MAY 2014

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**APPENDIX D-2
ECONOMY – OFF POST HOUSING
SAFETY & SECURITY REVIEW CHECKLIST**

FOR OFFICIAL USE ONLY

AREA CONTINUED	YES	NO	REMARKS
10 Are peepholes installed on doors leading to hallway entrances?			
11 Is an intercom system installed on the main door?			
12 Do locks on the balcony doors secure doors adequately?			
13 Can access to the balcony be gained from other apartments, or by climbing drainage pipes or other fixed structures?			
14 Are balcony lights operational and can they be turned on from inside?			
15 Are window frames and locks adequate, if on 1 st or 2 nd floor, do they have security grilles or bars and security pins to hold them partially open?			
16 Are window air conditioners and exhaust fans secured against removal?			
Building			
17 Does adequate lighting exist in the buildings hallways?			
18 Can hallway lights be turned on from inside the apartment?			
19 Do trees and shrubbery around the building allow people to be concealed?			
20 Do trees and shrubbery around apartment allow access to apartment balconies or windows?			
21 Is outside security lighting present and adequate?			
22 Are the exterior of the residence, parking area and entryways illuminated?			
23 Are the entryways to the apartment complex secured when not in use?			
Building Security			
24 Does the Apartment Complex have Security Personnel Assigned and are they present 24 hours?			
25 Is there CCTV coverage of the parking garage, common use areas, elevators and building exterior?			
Remarks: After completing the security review and there several NO blocks checked you may wish to consider living in a different house or apartment.			
Customers Name Signature & Date		Inspector Name Signature & Date	

ADDITIONAL COMMENTS: Use the back of the form or an additional sheet with all parties signatures.

NOTE AREA 1

Every residence occupied by personnel employed by the us government, military, DOD, GS, NAF or contractor support systems and personnel with sofa stamp at a minimum regardless of where or how the LOA/OHA/Housing funds are paid from must have the minimum safety inspection performed (HSO Form 461) and application for housing assignment (HSG FORM 9A) if using the Area 1 approved realtor system, completed and on file with housing office.

Any realtor renting to personnel that are employed by the aforementioned without a prior safety inspection or renewal in the cases where the inspection was not initially performed will be immediately removed from the approved realtors list for Area 1 for 60 days pending review for possible permanent removal. Area 1 housing inspectors are encouraged to perform the safety inspections but if scheduling conflicts exist they may delegate "only" the safety inspection portion to the local realtor along with turn-in of results, application for housing and employee orders.

Any residence that the prior tenant was military, DOD Civilian or a sofa stamp holder does not require a re-inspection for adequacy or safety provided HSO Form 179-R and HSO Form 4A are on file. The Area 1 approved realtor with the client can complete forms, HSO4A, HSO 179-R, HSG 9A, HSO1 A and all supporting forms. Pockets must be validated with the housing office as "final and approved" prior to processing of OHA /LOA documents to finance /CPAC. Contractors are extended the privilege of a military clause only when they have complied with all housing requirements otherwise they are not eligible for a military protection clause.

All personnel will be entered into the realtor's database and reported per Area 1 realtor's business rules agreement to Housing quarterly information will be entered in to the government enterprise military housing (EMH) system by the housing division and is subject to release in the event of national emergency, crisis or neo operations.

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APPENDIX E-1 OVERSEAS HOUSING ALLOWANCE

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT		INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR	
<i>Before completing, read Privacy Act Statement and Warning on reverse side.</i>		REPORT CONTROL SYMBOL DD-P&R(AR)1697	
PART A - IDENTIFICATION AND HOUSING INFORMATION			
1. SERVICEMEMBER		3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country)	
a. NAME (Last, First, Middle Initial)			
b. PAY GRADE	c. SSN	4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD)	
d. DUTY STATION OR HOMEPORT		5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) <i>(See instructions on reverse side if you pay rent three or more months in advance.)</i>	
(1) Station Name		a. LOCAL CURRENCY (Specify name of currency. Report amount in Item 6.)	
(2) City		b. U.S. DOLLARS	
(3) Country		6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.	
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one)		a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.)	
YES (Specify location)		b. OWNED (Enter original purchase price. Include only cost of home. EXCLUDE closing costs, taxes, etc.)	
NO or NOT APPLICABLE			
<i>HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.</i>			
7. UTILITIES (Excluding telephone) (X appropriate block)		8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.)	
a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.		X a. MYSELF	
b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.		b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")	
c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.)		c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)	
(1) Electricity		d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)	
(2) Heating		e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)	
(3) Air conditioning (X if window units used and landlord provides electricity.)		TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer")	
(4) Water or Sewer			
(5) Trash Disposal			
9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.			
PART B - CERTIFICATIONS			
10. SERVICEMEMBER. I certify that:		11. HOUSING OFFICER or APPROPRIATE OFFICIAL.	
a. The information I have reported is true and correct		I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported.	
b. I will immediately inform my commanding officer if any changes occur to the information I have reported		a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one)	
c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable.		(1) Yes (2) No	
d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable.		If Yes, entitlement is: (a) Initial (b) Subsequent	
e. SIGNATURE		b. SIGNATURE	
f. DATE SIGNED (YYYYMMDD)		c. DATE SIGNED (YYYYMMDD)	
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION?		(1) Yes (2) No	
e. SIGNATURE		f. TITLE	
		g. DATE SIGNED (YYYYMMDD)	
12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.			
a. TYPE HOUSING ALLOWANCE ACTION (X one)		b. MIHA/MISCELLANEOUS ENTITLEMENT (X one)	
(1) Start (2) Change (3) Stop (4) Correct (5) *Cancel (6) *Report		(1) Initial (2) Subsequent (3) None	
*For Air Force use only		c. EFFECTIVE DATE OF ACTION (YYYYMMDD)	

IMRD-ZA

SUBJECT: United States Army Garrison, Red Cloud and Area I-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDIX E-2 OVERSEAS HOUSING ALLOWANCE

PRIVACY ACT STATEMENT
<p>AUTHORITY: 37 USC Section 405, and EO 9397</p> <p>PRINCIPAL PURPOSE(S): To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.</p> <p>ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.</p> <p>DISCLOSURE: Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.</p>
<p>WARNING: Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.</p>
SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE
<p>In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent more than three months in advance, X block 5b, (U.S. Dollars) even though you paid your advance rent in local currency. In Part C, "Remarks," enter the following information:</p> <ol style="list-style-type: none">(1) "Rent paid _____ months in advance."(2) Amount of advance rent (in local currency, if that is how you paid).(3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable. <p>Compute monthly rent as follows and report in Item 6.a.:</p> <ol style="list-style-type: none">(1) Divide advance rent by number of months rent paid in advance to determine monthly rent.(2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency. <p>Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly entitlement, may also decrease during the months when rental payments are not actually being made.</p> <p>If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in Item 6.a. remains unchanged.</p>
PART C - REMARKS

DD FORM 2367 (BACK), MAY 1999

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SUBJECT: United States Army Garrison, Red Cloud and Area I-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDIX F-1 MOVE-IN HOUSING ALLOWANCE

MOVE-IN HOUSING ALLOWANCE CLAIM FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS <i>(Read Warning, Privacy Act Statement, and Instructions on reverse before completion)</i>			INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR
			REPORT CONTROL SYMBOL DD-P&R(AR)1834
PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION			
1. NAME <i>(Last, First, Middle Initial)</i>		2. GRADE	3. SOCIAL SECURITY NUMBER
4. DUTY LOCATION OR HOMEPORT		5. RESIDENCE ADDRESS <i>(Street, Apt. No., City, Country)</i>	
a. STATION NAME		b. LOCATION CODE <i>(Official Use)</i>	
c. CITY	d. COUNTRY	e. DUTY TELEPHONE NO.	
PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS			
a. EXPENSE ITEMS <i>(List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine what can and cannot be reported.)</i>		b. AMOUNT CLAIMED <i>(If payment made in foreign currency, convert to dollars at actual conversion rate.)</i>	c. AMOUNT ALLOWED <i>(If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)</i>
PART B - RENT-RELATED EXPENSES <i>(Not applicable to homeowners)</i>			
6. PART B SUBTOTAL <i>(Official Use)</i>		→	0.00
PART C - SECURITY-RELATED EXPENSES <i>(Allowed only in selected areas. See Appendix N.)</i>			
7. PART C SUBTOTAL <i>(Official Use)</i>		→	0.00
PART D - REIMBURSEMENT TO MEMBER <i>(Official use only. Servicemember - skip to Part E.)</i>			
8. AMOUNT FROM LINE 6			0.00
9. AMOUNT FROM LINE 7			0.00
10. AMOUNT DUE MEMBER <i>(Sum of Lines 8 and 9)</i>			\$0.00
PART E - CERTIFICATIONS			
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.			
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)	
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent <i>(in dollars using Part B conversion rate, if appropriate)</i> and total sharers from member's DD Form 2367. <i>(If homeowner, report "rent" as original purchase price divided by 120.)</i>			
a. RENT	b. TOTAL SHARERS	c. TITLE	
d. SIGNATURE		e. DATE SIGNED (YYYYMMDD)	

IMRD-ZA

SUBJECT: United States Army Garrison, Red Cloud and Area I-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDIX F-2 MOVE-IN HOUSING ALLOWANCE

WARNING: Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, 37 U.S. Code, Section 405, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To determine eligibility for and authorize payment of selected one-time costs associated with occupying privately leased/owned housing.

ROUTINE USE(S): In addition to being used by officials and in determining payment eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining payments, and to other Federal agencies, members of Congress, State and Local government, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide the SSN may preclude timely consideration of your request for payment determination.

INSTRUCTIONS

Entitlement claims for the Move-In Housing Allowance (MIHA) are covered by two forms. This form covers qualifying rent- and security-related expenses (Parts B and C) and should be completed only if the member incurs such expenses. Miscellaneous expenses are covered by the DD Form 2367, "Individual Overseas Housing Allowance (OHA) Report" (Part C). To qualify for MIHA, a member must be eligible for the Overseas Housing Allowance (OHA). Additional rules and detailed instructions for completing this form and DD Form 2367, Part C, are contained in Appendix N, Joint Federal Travel Regulations (JFTR), Volume I. To qualify for full or partial reimbursement for Part B or C expenses, receipts/documents showing actual costs must be provided. If expense reported in Part B or C is incurred in foreign currency, convert to dollars using the rate member actually converted dollars to foreign currency. If the member is a "sharer" under the OHA program, only one sharer can claim an individual Part B or C expense. Members may submit more than one form while assigned to a duty location (e.g., to claim rent-related expenses (Part B), then again to claim security expenses (Part C)).

The Move-In Housing Allowance (MIHA) covers only reasonable costs. Accordingly, the Services place a significant responsibility on the approving official to exclude extraordinary, unjustifiable expenses.

There are three MIHA categories:

MIHA/Rent (covered by Part B). These are typically one-time, non-refundable charges levied by the landlord/agent or a foreign government which the member must pay before or upon occupying the unit. Examples are real estate agent's fees, redecoration fees, and one-time lease taxes. Refundable security deposits and advance rental payments cannot be reported. Recurring costs are also excluded.

MIHA/Security (covered by Part C). This part may be completed only by members assigned to areas where dwellings must be modified to minimize exposure to terrorist threat. Qualifying areas are listed in Appendix N of the JFTR. Examples of permissible items are security doors, bars, locks, lights, and alarm systems. Expenditures which are not related to the physical dwelling, such as for personal security guards or dogs, are not permitted.

MIHA/Miscellaneous (covered by Part C, DD Form 2367). This category reflects average expenditures made by members to make their dwellings habitable. This lump-sum payment (receipts not required) recognizes that items such as sinks, toilets, light fixtures, kitchen cabinets, door/window locks, and a refrigerator and stove are sometimes not provided in overseas dwellings. The amount payable is prescribed in Appendix K of the JFTR. Only one payment is authorized at a duty station unless special provisions contained in Appendix N apply.

IMRD-ZA

SUBJECT: United States Army Garrison, Red Cloud and Area I-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDIX G
VERIFICATION OF CLEARANCE

VERIFICATION OF CLEARANCE
공과금 완납, 보증금 환급 및 주택과 부서 확인서

Form with multiple sections: LESSEE NAME, SSN, ORGANIZATION/UNIT, DUTY PHONE, DEROS, LEASE EXPIRE, CELL PHONE, OFF-POST ADDRESS, MOVE-OUT DATE, LANDLORD/REALTOR VERIFICATION, HOUSING OFFICE VERIFICATION, and a NOTE at the bottom.

IMRD-ZA

SUBJECT: United States Army Garrison, Red Cloud and Area I-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDIX H HSG Form 9A APPLICATION FOR HOUSING ASSIGNMENT

APPLICATION FOR HOUSING ASSIGNMENT				1. TYPE SERVICE DESIRED	
				UPH - BRKS / SLQ OFF POST LEASE / RENTAL	
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR (Last, First, Middle Initial)		3. PAY GRADE	4. SSN	5. DOD COMPONENT	
6. PHYSICAL ADDRESS (Full "Off Post" Address To Include Complex Name That Is Being Leased - If UPH To Be Completed by Housing Office)		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT	
		HOME / CELL		WORK / DUTY DSN	
		9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS	
				VOLUNTARILY INVOLUNTARILY	
SECTION II - CAREER INFORMATION					
11. I REQUEST HOUSING FOR		12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		14. DATES (Enter in YYYYMMDD order)	
a. SELF ONLY b. SELF AND DEPENDENTS				MILITARY APPLICANT MILITARY SPOUSE	
				DATE OF RANK / DATE OF PAY GRADE	
				DATE OF ORDERS (Copy must be attached)	
				DEROS DATE	
				DATE OF ARRIVAL IN KOREA	
				ESTIMATED FAMILY ARRIVAL DATE	
				COMMAND SPONSORED POSITION NUMBER	
SECTION III - RESIDENT & DEPENDENT DATA					
15. RESIDENT & DEPENDENT INFORMATION					
NAME (Last, First, Middle Initial)		b. DATE OF BIRTH (YYYYMMDD)	v. SEX	w. RELATIONSHIP	REMARKS (Handicap, health problems, expected additions to family, etc.)
SECTION IV - HOUSING DATA					
16. COMMUNITY DESIRED / HOUSING TYPE (Mark as applicable)					
UJONGBU - CAMP RED CLOUD / CRC		DONGDUCHON - CAMP CASEY		APARTMENT	
UJONGBU - CAMP STANLEY		DONGDUCHON - CAMP HOWEY		SINGLE HOUSE	
YANGJU - CRC / CASEY		NON-AREA 1		ROOM RENTAL / EFFICIENCY	
				UPH / BARRACKS ROOM	
17. ADDITIONAL FACTORS / DESIRES TO BE CONSIDERED		18. APPOINTMENT REQUESTED DATE (Appointment must be within 3 working days of the date requested by customer or see HSG 9A)		19. PRICE RANGE	
FURNISHING SUPPORT (CMD Specifier Only)		KEY/BILLET / MISSION ESSENTIAL			
CURRENTLY ISSUED UPH - MUST CLEAR		PETS (Number & Weight)			
TLA WILL EXPIRE ON		OTHER (Explain)			
BEFORE ROOM REQUIREMENT:		20. EMAIL ADDRESS FOR HOUSING CONTACT / UPDATES			
21. REMARKS					
22. SIGNATURE OF APPLICANT				23. DATE	
SECTION V - DISPOSITION					
24. MILITARY HOUSING					
a. DATE APPLICATION RECEIVED AT HOUSING	b. DATE INSP / LEASE REQUESTED	c. DATE & TIME OF INSP / LEASE APPOINTMENT	d. DATE COMPLETED INSP / LEASE		
e. REALTOR FOC INFO (If Applicable)	f. HSO INSPECTOR / COUNSELOR INFO	g. EFFECTIVE MOVE IN / ISSUE DATE		h. DATE DOCUMENTS PROVIDED FINANCE	
SECTION VI - OFF POST HOUSING REFERRAL CERTIFICATE					
Customer understands that this appointment is strictly for the listed realtor and off post lease location as listed above and any change will require a new appointment. Customer understands that the inspection and lease signing will be conducted on site and as a single appointment with the realtor present. Customer understands extension of TLA is not authorized because of schedule changes. Customers understand NO-SHOWS and Failed Inspections require a new appointment as priority II that can take 10 days to receive.			I HAVE RECEIVED THE MANDATORY HOUSING BRIEF AND WAIVED THE 10-DAY RESCUE PERIOD. I UNDERSTAND MY RESPONSIBILITIES AS A REPRESENTATIVE OF THE UNITED STATES TO FURNISH MYSELF IN RESPONSIBLE MANNER TO INCLUDE PAYMENT OF RENT AND UTILITIES AND FAILURE TO PAY RENT/UTILITIES OR COMPLAINTS WILL BE REPORTED TO HOUSING / CHAIN OF COMMAND / EMPLOYER WITHIN 30 DAYS WITHOUT EXCEPTION BY THE REALTOR OF HSG 9A.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED

HSG FORM 9A DATED 26 MAY 2014