

Request Form for Dispute Resolution Process

Directions: You must complete this form in its entirety to initiate the Formal Dispute Resolution Process. Submit this form to your local Military Housing Office (MHO) and reach out for any additional information. Your local MHO will contact you within two business days regarding their decision and next steps.

1. Tenant Name (Rank, Last, First):

2. Premises Address (Street, City, State, Zip):

3. Tenant Contact Information:

a. Phone # (Home/Cell): _____

b. Email: _____

4. Owner Company Name:

5. Owner Contact Information:

a. POC Name (Last, First): _____

b. Phone # (Home/Cell): _____

c. Email: _____

6. Statement describing the dispute and prior efforts to resolve it (including supporting documentation):

7. Rent Segregation Request. Tenant hereby requests segregation of Tenant's future Rent payments as of the date set forth below.

____ Tenant requests full Rent segregation in the amount of \$ _____ per month

OR

____ Tenant requests partial Rent segregation in the amount of \$ _____ per month.

8. Name and signature of Tenant confirming they have sought resolution through, and completed, the informal resolution process procedures set forth in Section 9 of the Lease agreement.

Name: _____

Date: _____

Signature: _____

(To be completed by the MHO)

This is an administratively complete request eligible for Rent segregation in accordance with Lease Section 9 and Section 4 of Schedule 3 (Dispute Resolution Process). Owner is directed to segregate an amount equal to \$ _____ per month in a segregated account unavailable to the Owner, or Owner's property manager, employees, agents, or contractors.

Name of MHO Representative: _____

Date: _____

Signature: _____

Important to Note: *You must continue to pay rent on time and in the full amount even if you select rent segregation.

*This form cannot be altered in any way.