



# RECP

RESIDENT ENERGY CONSERVATION PROGRAM

## Navy Privatized Housing Wounded Warrior Exemption for the Resident Energy Conservation Program (RECP)

### COMPLETE THIS PAGE FOR WOUNDED WARRIOR EXEMPTIONS (Please Print)

Name of Wounded Warrior: \_\_\_\_\_

\_\_\_\_\_

Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

Duty Station: \_\_\_\_\_

Neighborhood Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**EXEMPTION: Someone in my household is enrolled in a Service Wounded Warrior program. This information is provided to initiate an exemption from RECP.**

Signature of Wounded Warrior: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Military Resident Sponsor (If Not Wounded Warrior): \_\_\_\_\_

\_\_\_\_\_

Signature of Military Resident Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to your Housing Service Center (HSC):**

Find your HSC contact information online at [www.cnrc.navy.mil/HousingQuickReference](http://www.cnrc.navy.mil/HousingQuickReference).

# GENERAL PURPOSE PRIVACY ACT STATEMENT

## PART A – IDENTIFICATION OF REQUIREMENT

### 1. REQUIRING DOCUMENT

Department of the Navy System of Records Notice NM11101-1, DON Family and Bachelor Housing Program (73 Federal Register 17334, April 1, 2008)

### 2. SPONSOR CODE

CNIC Regional Housing Authorities

### 3. DESCRIPTIVE TITLE OR REQUIREMENT

## NAVY PRIVATIZED HOUSING WAIVER REQUEST FORM FOR EXEMPTION FROM THE RESIDENT ENERGY CONSERVATION PROGRAM (RECP)

## PART B – INFORMATION TO BE FURNISHED TO INDIVIDUAL

### 1. AUTHORITY:

10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 2831, Military Housing Management Account; DOD 4165.63-M, DoD Housing Management

### 2. PRINCIPLE PURPOSES:

To receive information necessary to process an individual's request for exemption from participation in the Resident Energy Conservation Program throughout Navy privatized housing.

### 3. ROUTINE USES:

In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or the information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b)(3) to local privatized housing property managers for the proper accounting of gas and/or electric utilities charges to the individual's account.

### 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF INDIVIDUAL NOT PROVIDING INFORMATION:

The disclosure of the personally identifiable information (PII) and/or personal health information (PHI) required by this form is voluntary. However, the failure of an individual (or of an individual's doctor) to disclose the information required by this form may have the likely negative consequence of the individual's request being disapproved for exemption from participation in the RECP program.

## PART C – IDENTIFICATION OF FORM/REPORT/OTHER REQUIREMENT

### 1. FORM NO./REPORT CONTROL SYMBOL/OTHER IDENTIFICATION

#### INTERIM RECP WAIVER REQUEST

[Final CNIC form and form number are under development]

#### PRIVACY ACT STATEMENT