

## Attachment 2



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 195TH WING (AFSPC)  
BEALE AIR FORCE BASE CALIFORNIA



Date: DD Month YYYY

## MEMORANDUM FOR 195 FSF/FSV

FROM: (Rank, Name)

(Rank, Name)

SUBJECT: Certification of Lodging Eligibility

1. I, \_\_\_\_\_, certify that I meet the criteria for billeting eligibility based on my home address \_\_\_\_\_, being in the town of \_\_\_\_\_, located in the county of \_\_\_\_\_.
2. I understand that if I move, this certification letter is void and a new one will need to be completed to receive lodging benefits.
3. I also understand that I must keep my address updated on the Alpha Roster. If I fail to do so, I understand that my lodging eligibility may be revoked if the Force Support Flight finds any discrepancies during their audits.
4. I acknowledge and understand the contents of AFI 34-135, 20 Sep 2014, *Air Force Lodging Program* and AFI34-135 195WGSUP Lodging Supplement. I further agree to abide by their terms.
5. I understand RSD/RD cancellations must be submitted to and acknowledged by the unit ULR a minimum of 24 hours prior to check-in or I may be personally liable for charges incurred.
6. I understand that billeting provided by the 195th Wing is offered based on funds available basis. Since lodging is a benefit rather than an entitlement, I understood that it may not always be provided.

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Member Signature

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Unit Lodging Representative Signature

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Services Representative Signature