

Prospective Gain Questionnaire

Please answer the following questions and return via e-mail to the Command Sponsor Coordinator (CORP-Manpower@med.navy.mil). This will be utilized to better meet your needs and ensure a smooth transfer for you and your family.

1. Rank/Rate/First, Last Name: _____
NEC: _____ Designator: _____
2. Marital Status: ___Single ___Married ___Dual Military
3. # of Child(ren) _____ Age(s): _____
Names: _____
 - a. Will family be traveling with you? ___Yes/No___
 - b. Any family member enrolled in EFM Program? ___Yes/No___
4. Pets: ___Yes/No___
5. Are you currently receiving BAH? Yes/No If so ___Single ___Dependent
6. Upon arrival, I plan to live in:
___BEQ
___On-base Housing
___Off-base Housing: ___Rent ___Buy
7. My current contact phone/email address: _____

8. Contact phone/email address in transit: _____

9. Date departing current command: _____
10. Approximate date of check-in: _____
11. Additional Information: _____
