

Home Marketing Request Form

1. Employee's Name (First, MI, Last):
2. Employee's SSN:
3. Employee's Present Position, Title, Grade:
4. Employee's Current Organization:
5. Employee's Current Duty Phone (Comm. & DSN):
6. PCS Travel Order Number:
7. Computation of the HMIP (to include the final payment amount):
 - a. Five percent of the price the relocation service company paid for the purchase of the employee's residence.

OR

b. \$10,000.00

OR

c. One half the savings realized from the reduced fees and expenses paid as a result of the employee finding a bona fide buyer and the sale closing.

- 1) Appraised Value Fee:
- 2) Amended Value Fee:
- 3) Saving Realized (Net Savings):
- 4) ½ of Savings Realized (Net Savings):

Employee's Signature

Date

The Amount authorized for HMIP payment is: \$_____

Order Approving Official's Signature

Date