



**TEACHER HOUSING APPLICATION**

**For SY26-27**

**FOR PUBLIC CHARTER SCHOOL (PCS)**

**PETS ARE NOT ALLOWED IN HOUSING**

**Distribution:**

**Applicant** - Submit to your School Administrator

**School Administrator** - Submit to TH Program

**Email:**

TeacherHousing@k12.hi.us

**Phone:**

(808)784-6837

**I. Applicant Information - Complete by Employee**

**Name:**

Mr.  Ms. \_\_\_\_\_

**Phone:** \_\_\_\_\_

\* Provide PERSONAL contact information

**Address:** \_\_\_\_\_

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

\* Provide PERSONAL contact information

**Position Title :** \_\_\_\_\_

**Assigned School :** \_\_\_\_\_

FTE:  Full Time  Part Time BU: \_\_\_\_\_ # of years in the position in Hawaii: \_\_\_\_\_

**Household information**

Total number in Household (including self): \_\_\_\_\_

Name of Spouse or Significant Other (if any): \_\_\_\_\_

a. Is this person a DOE active employee?  Yes  No

Please list ALL name(s), age(s) & relationship to reside in this unit, other than spouse/significant other.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Questionnaire**

a. Desired Housing Location (Complex): \_\_\_\_\_ Beginning: \_\_\_\_\_

Ending: **6/30/2027**

b. Do you own a residence within 30 miles of your assigned school?  Yes  No

c. Are you currently in Teacher Housing?  Yes  No

If YES - provide current occupancy information:

Location: \_\_\_\_\_ Cottage#: \_\_\_\_\_ Length of occupancy: \_\_\_\_\_

d. Have you ever resided in Teacher Housing in the past?  Yes  No

IF YES, provide previous occupancy information:

Location: \_\_\_\_\_ Cottage#: \_\_\_\_\_ Length of occupancy: \_\_\_\_\_

**Employee Certification**

I certify that all information in this application is accurate, complete and true.

I understand that if any statements made are willingly false, this application is null and void.

**X** \_\_\_\_\_  
Sign or Type Name for Digital Signature of Applicant \_\_\_\_\_ Date



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**II. PCS Approval** - Please provide below from the most recent Personnel Action Form (Equivalent DOE Form 5)

Eff date of Appt: \_\_\_\_\_  
DD/MM/YYYY

School/Office: \_\_\_\_\_

Complex : \_\_\_\_\_

Position Title : \_\_\_\_\_

Certificated

Classified/Support Services

Certificated EO

FTE:  Full Time  Part Time BU: \_\_\_\_\_

Per the information provided above, this applicant is recommended as :

Qualified

Not Qualified

If NOT Qualified, provide reason below.

\_\_\_\_\_  
\_\_\_\_\_

**PCS PLEASE RETURN TO:**  
Teacher Housing  
Property Manager  
Email: TeacherHousing@k12.hi.us  
Phone: (808) 784-6837

X \_\_\_\_\_  
Sign or Type Name for Digital Signature of PCS Administrator Date

**III. Teacher Housing Program Use Only**

Assigned

Assign Priority Code: \_\_\_\_\_

TTL # of SY: \_\_\_\_\_

TH Complex: \_\_\_\_\_ Unit: \_\_\_\_\_ Type of Property: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Montly Rent: \_\_\_\_\_

Sal Deduct Eff Date (Tent): \_\_\_\_\_ TTL 1st payment: \_\_\_\_\_

Special Waiver?  Yes  No

\_\_\_\_\_

Not Assigned - Reason below

\_\_\_\_\_  
\_\_\_\_\_

Received Date:

Processed Date:

Processed By: