



TEACHER HOUSING APPLICATION

For SY25-26

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: _____

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: **6/30/2025**

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 _____
Signature of Applicant

Date



TEACHER HOUSING APPLICATION
For SY25-26
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

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

If NOT Qualified, provide reason below.

Not Qualified

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

X _____
PCS Administrator's Signature

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: