



**TEACHER HOUSING APPLICATION
For SY26-27**

PETS ARE NOT ALLOWED IN HOUSING

MAIL/FAX TO DISTRICT HRRO:

HAWAII HUMAN RESOURCES REGIONAL OFFICE (HRRO)

75 Aupuni St, Rm203, Hilo HI 96720 / FAX: 808-974-6604, PH:(808) 313-7607

MAUI HUMAN RESOURCES REGIONAL OFFICE (HRRO)

54 High St, 4th Flr, Wailuku, HI 96793 FAX: 808-984-8008, PH: 808-243-1301

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. District PRO Approval - Please provide below from the most recent Form 5

Eff date of Appt: _____ School/Office: _____
 DD/MM/YYYY Complex : _____

Position Title : _____
 Full Time Part Time BU: _____
 Certified Certified EO Classified/Support Services

Per the information provided above, this applicant is recommended as : Qualified
 Not Qualified
 If NOT Qualified, provide reason below.

**(HRRO) PLEASE RETURN TO:
 TEACHER HOUSING
 PROPERTY MANAGER
 Email: TeacherHousing@k12.hi.us
 Phone: (808) 784-6837**

X _____
 Sign or type Name for PRO's Digital Signature Date

III. Teacher Housing Program Use Only

Assigned
 Assign Priority Code: _____ TTL # of SY: _____
 TH Complex: _____ Unit: _____ Type of Property: _____
 Security Deposit: _____ Monthly Rent: _____
 Sal Deduct Eff Date (Tent): _____ TTL 1st payment: _____
 Special Waiver? Yes No

Not Assigned - Reason below

Received Date: _____ Processed Date: _____ Processed By: _____