



**TEACHER HOUSING APPLICATION  
For SY25-26**

**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

**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:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Mr.  Ms. \_\_\_\_\_ \* 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



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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 \_\_\_\_\_  
 PRO's 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: \_\_\_\_\_