

UN	NIVE	RSIT	Y HO	USING	REN ⁻	TAL A	PPLI	CATIO	NC	
Name (Last, First, MI)										
Current Address (City,	State, Zip)									
UH Campus Address (City, State,	, Zip)								
Email	nail UH Co			ollege			UH Department			
Phone Number (home	hone Number (home) Phone			e Number (mobile)			Phone Number (office)			
Initial Occupancy Date Requested				Do you intend to reside in Un Housing for less than one (1)					Yes	☐ No
Number of Occupants: Adults *Preference is given to families of 3 or more for three-bedroom units.				Do you currently own real proponthe island of Oʻahu?			erty	Yes	☐ No	
Have you occupied a unit in a University Housing complex in the last three (3) years? 'Responding yes to this question or the previous question above indicates that you are not eligible for University Housing. Yes No										
COMPLEX AND UNIT PREFERENCE										
Please check the complex willing to accept because						ersity Housin	g recommer	nds only app	lying for units	that you are
Waʻahila				Kauʻiokah	aloa Nui			Kauʻiokahaloa Iki		
Preferred Apartment Size (indicate up to 3 choices)				Preferred Apartment Size (indicate up to 2 choices)						
	1st	2nd	3rd			1st	2nd			
Studio				Two-Bedroom						
One-Bedroom				Three-Bedroo	m					
Two-Bedroom										
Three-Bedroom										
Completed application must be submitted with one of the following: (Please check document included with the application)										
Payroll Notification Form				Copy of a signed contract				Copy of a Letter of Offer of employment and a signed Letter of Acceptance		
Signature								Date		





TO BE VERIFIED AND COMPLETED BY APPLICANT'S PERSONNEL OFFICER								
Please verify employee's current or incoming status, NOT the position the employee is filling. Note: If a discrepancy between the PNF and P.O.'s verification is discovered after employee receives housing from UH, the employee's rental agreement may be terminated.								
Position Title	Rank		Tenured Track Tenured APT Other					
Full-Time Equivalent (FTE) (e.g. 50%, 60%, etc.) *BORP 9-9 requires applicants to be full-time to be eligible for University Housing.	Monthly Salary		Employee ID Number					
Appointment/Employment Period From		То						
Signature of Verifying Officer			Date					
Printed Name of Verifying Officer		Title						

Application will be valid for one (1) year. If you have any questions, call (808) 956-8449