



UNIVERSITY HOUSING LEASE EXTENSION

Name	UH ID Number
Rental Complex & Apartment Number	Lease Expiration Date
Number of Years/Months in University Housing	Anticipated Year of Tenure Review (ex 2022 - 2023) _____
Tenant's Official UH Position Title	Campus/College/Department

I am requesting a lease extension beyond the maximum term of stay.

Check all that apply to your lease extension request:

- Still seeking tenure
- Would like to be considered for housing if available (for tenured and non-tenured tenants only)
- Other (attach separate sheet if necessary)

I hereby certify that the information provided is accurate to the best of my knowledge and that I still meet the following eligibility requirements: (1) full-time employment with an appoint to an O'ahu campus, (2) a workplace on O'ahu, and (3) not owning real property on O'ahu. Additionally, I understand that approval of this request is not guaranteed and if this request is denied that I will need to move out by no later than my lease expiration date.

Signature of UH Employee Responsible for Lease	Date
Printed Name of UH Employee Responsible for Lease	

DEADLINE: Submit to the University Housing Office no later than two months prior to lease expiration date.

TO BE COMPLETED BY THE UNIVERSITY HOUSING OFFICE

- University Housing has reviewed the tenant's file and finds the tenant to be in good standing.
- University Housing has determined that the applicant is ineligible as applicant is not in good standing with the University

Housing Office for the following reason(s):

University Housing Signature	Date
------------------------------	------

TO BE COMPLETED BY APPLICANT'S HR REPRESENTATIVE

TENURE-TRACK/TENURED

Tenure status:

 (i.e. FPR 2026, FTN 2020)

APT

Permanent
 Probation
 Appointment end date: _____

Non-Tenured Faculty/Staff

Appointment end date:

- I hereby certify that the above-named applicant is currently a tenure-track faculty member.
 I hereby certify that the above-named applicant is not currently a tenure-track faculty member.

Applicant's Dean/Director or HR
 Representative Signature

Campus/Department/College

Date

FOR TENANTS ELIGIBLE FOR LEASE EXTENSIONS BEYOND MAXIMUM TERM OF STAY

TO BE COMPLETED BY THE UNIVERSITY OF HAWAII PRESIDENT/AUTHORIZED DESIGNEE

- Approve
 Disapprove

President or Designee Signature

Date

TO BE COMPLETED BY THE UNIVERSITY HOUSING OFFICE

This request is:

- Approved to extend to _____
 Disapproved

University Housing Signature

Date

cc: Locations, LLC
 Tenant