		20	2019 HOUSING APPLICATION STUDENT SERVICE AMERICA			Student Service America 1221 Kapiolani Blvd., Suite 740 Honolulu, HI 96814 USA Phone: 808-542-9114 Fax: 808-791-7804 Email: info@ssahi.com
	STUDENT SERVICE AMERICA					
1	Move In Date: // dd /yyyy	Move Out Date:	Agent Name	::		For office use only: Application Received:// Program Start Date://
2	Housing Options: (select the housing option) Additional 5% will be charged *applied at homestay for age under 17 and over 55. Homestay Condominium Residence (Moana House) Condominium (Owned by Third Party) *Placement Fee \$300 *Placement Fee \$270 *Placement Fee \$270 Security Deposit \$200 (Refundable) Security Deposit \$200 (Refundable) *Placement Fee \$270					
3	Student Information: Last Name (Family name):		First (Give	en) Name:		Nationality:
	Gender: 🗖 Male 🗖	Female Visa:	□ F-1	□ Other	Date of Birth:	(MM/DD/YYYY)
5	Arrival Information: Arrival Date:					
6	Emergency Contact Information: Name:					
7	Preferences for students choosing a Homestay Family (We will do our best to meet your preferences; however, we cannot guarantee that we will meet all of them. For best results, please submit this application at least 30 days before you plan to move in. I prefer a family with children: I prefer a family with children: I yes Most important for me (Please choose one): I ime to talk with the family I cocation. I want to be close to the school. Other:					
B	Other: If you have any physical or mental conditions, you may list them here so that we can accommodate your needs. Please note: by list- ing any information here, you agree that we may share this information with third parties as we see fit.					
9	If you have any other requests or would like to provide any other information, please do so here:					
	Print name:		Signature:			Date: