

Print name:

2021 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

Date:_

	STUDENT SERVICE AMERICA	1							
1	Move In Date:	Move Out Date:	Age	nt Name:			For office use only:		
	/ /	/ /					Application Received:/	/	
	mm/ dd /yyyy	//					Program Start Date://_		
Housing Options: (select the housing option)									
							e (Studio:)	
	*Placement Fee \$300 (Non Refundah	· ·		Fee \$270 (Non I			week (s) or Number of Lessons: Studio:)	
	Security Deposit \$200 (Refundable) Homestay (Private, 2 meals/day)	Security Deposit \$200 (Refundable) Security Dep Homestay (Private, 2 meals/day) Maintenance					week (s) or Number of Lessons:)	
	\$460/week	Ţ	Missata NI	lo \$519	3/week, \$1,904/4 weeks	Yoga)	
	\$1,400/4 weeks				/week, \$1,242/4 weeks	Scuba	week (s) or Number of Lessons: Diving:)	
	*Additional 5% will be charged applied 17 and over 55.	at homestay for age underC	Quad-4, N	o meals \$259/v	veek, \$890/4 weeks	(_	week (s) or Number of Lessons:)	
	**Guardian Rates: \$105/week (age of	under 17) *Gua	rdian Rate	es: \$50/week (aş	ge of under 17)				
3	Transportation Service:								
•	Airport Pick-up \$100 -All applicants must use our airport pickup service. Guaranteed pickup is 7AM to 8PM (flight arrival time) and/or accommodation check-in time is 7AM to 9F								
Airport Drop-off \$100 - Guaranteed pickup time (accommodation) is 7AM to 7PM. The accommodation check-out time is 12AM. *Any other times are not guaranteed, S.S.A. may pickup from 8PM to 11PM with a \$35 late pickup fee.									
4	Student Information: Last Name (Family name):			First (Give	en) Name:		Nationality:		
	Gender: Male 1	Female	V1sa:	F-1	Other Dat	e of Birth:	(MM/DD/	YYYY)	
_	Personal Information:				Allorgies				
J	Do you have any allergies? \bullet Yes \bullet No								
Smoker: Yes No If yes, please list:									
	Note: No homestay families a	ıllow smoking; you must sm	ıoke ou	ıtside.					
6	Arrival Information:								
	Arrival Date:	(MM/DD/YYY	(Y) A	Arrival Ti	ne:	Airline:	Flight#:		
		`							
7	Emergency Contact Information:								
	Name:	Relationsh	ip:		_ Telephone:		E-mail:		
D									
R	Preferences for students choosing a <u>Homestay Family</u> (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: Yes No Most important for me (Please choose one): Time to talk with the family Location. I want to be close to the school. Other:								
							_		
9	Other:								
	If you have any physical or mental conditions, you may list them here so that we can accommodate your needs. Please note: by listing any information here, you agree that we may share this information with third parties as we see fit								
	If you have any other red	quests or would like to	provid	le any oth	er information, pleas	se do so here	:		
0							ree that my application will not be		
	essed until S.S.A. has received \$270 from me for placement in a condominium residence or \$300 for placement in a homestay. [If a student rejects our airport pickup service, an additional \$30 will be charged.] I agree that I will forfeit the remaining balance of any rent payment (up to 30 days), as well as include a cancellation fee of \$270/\$300, if I cancel the housing tenancy less than 30 days before the occupancy date as listed above. I agree that a cancellation fee of \$100 will be charged if I cancel the airport pickup service or change my light less than 72 hours before the scheduled arrival time. If I postpone my arrival date from the date listed above, I understand that I will be charged a new placement fee or a rental fee. I also understand that I need to pay a maintenance fee and a security deposit on my arrival. The maintenance fee is non-refundable. The security deposit is refundable after moving out, as long as there is no damage to the room and property. A Refund Request Form must be filled out. This application is for								
							form must be filled out. This applicate the option to extend my stay only if		
	availability. I understand that i	if I am enrolled with Central l	Pacific	College and	cancel my enrollment, m	y SSA accomm	odation will be terminated. Terminati	ion of	
	accommodation will occur wit refund. I have read and agree t		stand th	at talsiticati	on of any information on	tnis form will re	sult in forfeiture of the placement fee	e without	

Signature:_