



2026 HOUSING APPLICATION
STUDENT SERVICE AMERICA

Student Service America
1585 Kapiolani Blvd. Suite
1705, Honolulu, HI 96714
Phone: 808-542-9114
Fax: 808-748-0897
Email: info@ssahi.com

1 Move In Date: Move Out Date: Agent Name: For office use only: Application Received: Program Start Date:

2 Housing Options: (select the housing option) Package Options: Homestay (2 meals/day) Condominium Residence (Moana House) Dance (Studio) Surf (Studio) Yoga (Studio) Scuba Diving

3 Transportation Service: Airport Pick-up \$150 -All applicants must use our airport pickup service. Airport Drop-off \$130 - Guaranteed pickup time (accommodation) is 7AM to 7PM.

4 Student Information: Last Name (Family name): First (Given) Name: Nationality: Gender: Visa: Date of Birth:

5 Personal Information: Allergies: Smoker: Do you have any allergies? If yes, please list:

6 Arrival Information: Arrival Date: Arrival Time: Airline: Flight#:

7 Emergency Contact Information: Name: Relationship: Telephone: E-mail:

8 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.)

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.

10 By signing below, I hereby certify that the facts set forth above are complete and true to the best of my knowledge. I agree that my application will not be processed until S.S.A. has received \$200(Non Refundable) from me for placement in a condominium residence or \$350(Non Refundable) for placement in a homestay. I agree that I will forfeit the remaining balance of any rent payment (up to 30 days), if I cancel the housing tenancy less than 30 days before the occupancy date as listed above.