

Housing Rehabilitation Program



Administered By:

Housing Authority of Thurston County
 503 West Fourth Avenue
 Olympia, Washington 98501
 Phone: (360) 753-8292 Fax: (360) 586-0038
 Web: www.hatc.org E-mail: Development@hatc.org

Program Application

The information you are providing is used by the Housing Authority of Thurston County for determining eligibility for the Housing Rehabilitation Program. Your information is confidential and will not be disclosed outside this agency without your consent except as and needed to process your application or to meet federal reporting requirements. If you have any questions regarding this application, please do not hesitate to call the Housing Authority for assistance.

A. **PERSONAL INFORMATION:**

Full Name _____ Social Security # _____

Street Address _____ PO Box _____

City, State, Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Age of Applicant _____ Marital Status _____ Sex _____

Spouse/Co-Applicant:

Full Name _____ Social Security # _____

Street Address _____ PO Box _____

City, State, Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Age of Applicant _____ Marital Status _____ Sex _____

Dependents(s) Name:	Social Security #:	Date of Birth:

B. EMPLOYMENT:

Employer (Applicant) present to last 2 years	Employer (Spouse/Co-Applicant) present to last 2 years
Name: _____	Name: _____
From: _____ To: _____	From: _____ To: _____
Address: _____	Address: _____

(If more than one employer, please list on additional page.)

C. MONTHLY INCOME:

Source	Applicant	Spouse/Co-App	Co-Tenant	Other
Wages/Earnings				
Unemployment				
Workman's Compensation				
Child Support (Received)				
Public Assistance				
Disability Payments				
Veterans Benefits				
Retirement Pension				
Rental Property				
Investment Income				
Social Security/SSI				
TOTAL MONTHLY INCOME:				

D. REAL ESTATE:

Bank Mortgage Real Estate Contract

Own Buying Original Mortgage Amount: _____

Monthly Mortgage Payment: _____ Mortgage Balance: _____

Parcel #: _____ Number of Years Lived in House: _____

Mortgage Holder: _____

Address: _____

Loan or account number: _____

OTHER REAL ESTATE: Mortgage Balance: _____ Parcel # _____

E. **HOMEOWNER'S INSURANCE:** Policy #: _____

Company: _____ Agent's Name: _____

Address: _____ Phone #: _____

F. **HOUSEHOLD DEBTS** List all fixed obligations like installment accounts, department store accounts, credit cards, finance companies, banks, child support payments, mortgage payment.

Creditor's Name	Mo. Payment Amt.	Balance

G. **ETHNIC CLASS: (Optional)**

Caucasian African American Hispanic Asian Native American

H. **ASSETS** List the current value or balance of all financial assets in this section. Please exclude your home, household furnishings, clothing, two vehicles, and items of sentimental value.

Checking Account:	\$ _____	Bank: _____
		Branch: _____
		Address: _____
		Account #: _____
Savings Account	\$ _____	Bank: _____
		Branch: _____
		Address: _____
		Account #: _____
Collectable Notes	\$ _____	
Investment Securities	\$ _____	
Equity in Other Real Estate	\$ _____	
Other Assets	\$ _____	
Total	\$ _____	

I. DECLARATION

I declare under the penalty of law that the information given by me in this application is true and correct to the best of my knowledge and belief and the willful falsification by me may subject me to penalties as provided in RCW 9.39.010 and/or RCW 74.08.055, as amended.

I hereby grant permission to the Housing Authority of Thurston County to conduct: a) Any necessary inspections, including taking photographs of said property as they may deem necessary for the purpose of determining Rehabilitation feasibility; and b) credit check of the applicant and/or spouse/co-applicant to assist in determining loan eligibility.

Signature of Applicant

Signature of Applicant

Date

Date



HOUSING AUTHORITY
OF
THURSTON COUNTY

503 West 4th Avenue • Olympia, Washington 98501 • Phone (360) 753-8292 • Fax (360) 586-0038

GENERAL RELEASE AUTHORIZATION

I have applied for a home repair loan with the Housing Authority of Thurston County. My signature below authorizes the release of any credit account, deposit account, mortgage, loan, employment, or other information necessary for use by the Housing Authority of Thurston County.

I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use and request that such a copy be fully honored.

Date

Signature

Signature

