

Housing Rehabilitation Program



Administered By:

www.hatc.org

Housing Authority of Thurston County
503 West Fourth Avenue
Olympia, Washington. 98501
Phone: (360) 753-8292

A-5

PRELIMINARY APPLICATION - OWNER OCCUPIED

The purpose of this application is to determine your eligibility and obtain information for the Housing Rehabilitation Program. The information will be held confidential and used only by the Housing Authority to determine eligibility.

PLEASE NOTE: This is a Preliminary Application and is used for initial eligibility screening and priority for processing applicants for the program. If eligible, you will be asked to complete a more detailed application at a later date.

If you have any questions regarding the program or this application, please feel free to call us. Thank you for your cooperation.

DATE: _____

APPLICANT: _____

STREET ADDRESS: _____

POST OFFICE BOX: _____

TOWN: _____ ZIP CODE: _____

CO-APPLICANT: _____

HOME PHONE NUMBER: _____

OPTIONAL: Race: _____ Marital Status: _____
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PARCEL NO.: _____

WORK NUMBER: _____

Where did you hear about the program? _____

Household

Number of persons in household: _____ Number of dependents: _____

Are you a single head of household with dependent children? Yes _____ No _____

Age: Applicant _____ Co-Applicant _____

Employment Status: Employed _____ Seeking Employment _____ Retired _____ Other _____

How long have you lived at your current address? _____

Is it in the city limits? Yes _____ No _____

Is your house a mobile home? Yes _____ No _____

Are you financed under the Farmer's Home Administration? Yes _____ No _____



Income and Housing Costs

Current Gross Monthly Income for Household \$ _____

Current Monthly Mortgage Payment \$ _____

Original Total Amount of your Mortgage..... \$ _____
(Indicate \$0 if you own your house with no monthly payments being made)

Do you currently have Homeowners Insurance? Yes_____ No_____

Indicate nature of housing problem(s) by checking the item(s) below that apply.

- _____ Old or unsafe wiring
- _____ Crumbling or settling foundation
- _____ Leaking or deteriorated roof
- _____ Old or leaking plumbing
- _____ Unsafe porch or stairs
- _____ Sagging floors
- _____ Deteriorated exterior siding
- _____ Inadequate heating and insulation
- _____ Other _____

Briefly describe the general condition of your house and other repairs that you think are needed.

Please sign below and return the application to the Housing Authority of Thurston County, 503 West Fourth Avenue, Olympia, WA 98501

Signature _____