

Housing Rehabilitation Program



Administered By:

www.hatc.org

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

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PRELIMINARY APPLICATION - RENTAL HOUSING

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: _____

NAME: _____

ADDRESS: _____

OPTIONAL: Race: _____ Marital Status: _____
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HOME PHONE NUMBER: _____

WORK NUMBER: _____

Where did you hear about the program? _____

How long have you owned the property? _____

Rental Unit

Street Address: _____

Is it in the city limits? Yes _____ No _____

How many living units within the property? _____

What is the monthly rent for each unit? _____

How many bedrooms in each unit? _____



Rental Property Information

Original Total Amount of Your Mortgage. \$ _____

Current Balance of Your Mortgage. \$ _____

Monthly Mortgage Payment. \$ _____

What is the heating source for the property?

Electric _____ Gas _____ Oil _____ Wood _____

What is the tax parcel number for the property? _____

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 _____