



HOUSING AUTHORITY
OF
THURSTON COUNTY

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

HATC Use Only:	
App. #:	_____
Date Rec'd:	_____
Time Rec'd:	_____
Staff:	_____

Pre-Application for Tenant Based Rental Assistance
Housing Choice Voucher Program and other Rental Assistance programs

1. Contact Information:

Head of Household's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

* Check one. This information is voluntary and for statistical reporting purposes only.

Hispanic: * Yes No Race: * White Black American Indian/Alaskan Native
 Asian Pacific Islander
 Other _____

2. Alternate Contact: Name, address, and phone # of someone who will know how to contact me if I am not at the above address:

3. Household Members

Last Name	First Name	Relationship to Head of Household	Date of Birth	Gender (M/F)	Social Security Number	Dis-abled Y/N	US Citizen Y/N
		Head / Self					

If there are any additional people in the household, please state the total number of adults and children below:

Number of Adults: _____ Number of Children: _____ If pregnant, enter the due date: _____

If family members have used other names in the past, please specify those names: _____

Are you homeless? Yes No

If yes, where did you sleep last night? _____



4. List the gross monthly income for all household members in the appropriate income source(s):

Unemployment Benefits: \$ _____	Annuity or Trust Payments: \$ _____	Income from Rental or Other Property: \$ _____	Regular contributions of household goods, money or bills paid: \$ _____
Employment/Wages: \$ _____	Social Security: \$ _____	Retirement Pension: \$ _____	Child Support: \$ _____
Tips: \$ _____	S.S.P. \$ _____	Insurance Benefits: \$ _____	Alimony: \$ _____
Self-Employment Income: \$ _____	S.S.I.: \$ _____	Death Benefits: \$ _____	Other(s): _____ \$ _____
Worker's Comp. (LLE) \$ _____	T.A.N.F.: \$ _____	Military Allotment: \$ _____	_____ \$ _____
State Industrial (L&I) \$ _____	G.A.U. or G.A.X.: \$ _____	Veteran's Benefits: \$ _____	_____ \$ _____

5. PROJECT-BASED UNITS (Units with rental assistance attached to the unit)

Please check all projects that are of interest, that you might qualify for, and that would meet the needs of your household. There is no obligations to accept one when offered. Tenant is eligible for a Tenant Based Voucher after one year of successful tenancy in units in section I. Your name remains on the voucher waiting list if you accept a unit in sections II & III.

Check if interested	Property	Eligibility Criteria
I. Project Based Voucher Units		
<input type="checkbox"/>	Krislen Apartments, 9525 Cullens Rd. SE, Yelm — One bedroom apartments.	Seniors, 62 years of age and older, or people referred by the Division of Developmental Disabilities.
<input type="checkbox"/>	Prairie Run Apts., 205 Mountain View Rd. SE, Yelm	Households eligible for two and three bedroom units.
<input type="checkbox"/>	Tumwater Cove, 115 X Street, Tumwater Or B&B Apartments, 2404 State Ave., Olympia.	One bedrooms apartments — Service enriched. Individuals with disabilities receiving mental health services through BHR.
<input type="checkbox"/>	Evergreen Vista Apts., 1209 Fern St. SW, Olympia	Households eligible for two and three bedroom units.
<input type="checkbox"/>	Homes First! One to five bedroom units in Olympia & Lacey areas	Households wanting to live in apartments, single family homes, or duplexes.
<input type="checkbox"/>	Homes First! Service enriched — Homes for persons with disabilities.	Individuals with disabilities needing intensive tenant support and referred by Division of Developmental Disabilities and interested in joining in an existing household.
<input type="checkbox"/>	Community Youth Services units.	Transitional Services provided for young individuals and families. Households receiving services through CYS.
II. Project Based Assisted Units		
<input type="checkbox"/>	Martin Terrace Apts, 7917 Martin Way, Olympia 98516 — One and two bedroom apts.	Available to elderly or disabled individuals and small families.
<input type="checkbox"/>	Fleetwood Apts, 119 - 7th E. St., Olympia	Studio apartments for single homeless individuals.
III. Transitional Housing Program		
<input type="checkbox"/>	HOME TBRA	Transitional housing program for homeless and at-risk individuals and families who are in a self-sufficiency program with area agencies.

If you cannot read this application in English, please contact the Housing Authority to have it translated for you.

Si usted no puede leer este aviso en ingles, por favor entre en contacto con Housing Authority hacerla traduser para usted.

All information that has been provided is accurate and truthful. I understand that providing false or misleading information could result in action to disqualify the application.

Signature of Head of Household & Date

Signature of Other Adult & Date