



Housing Authority of Thurston County
 1206 12th Avenue SE □ Olympia, WA. 98501
 Tel: (360) 753-8292 □ Fax: (360) 586-0038
 www.hatc.org

**ELIGIBILITY QUESTIONNAIRE DISCLOSURE D
 BACKGROUND QUESTIONS**

Head of Household: _____

Name: _____

1. Does any member of the household currently owe rent or other amounts to any housing authority in connection with the public housing or Section 8 Programs?
 Yes No
2. Has any member of the household committed fraud, bribery, or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived therefrom?
 Yes No
3. Does any member of the household use a controlled substance illegally?
 Yes No
4. Is any member of the household subject to registration as a sex offender?
 Yes No
5. Has any member of the household been terminated from an assisted housing program in the past five (5) years for drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, or distribute a controlled substance?
 Yes No
6. Has any member of the household been convicted of violent criminal activity (including domestic violence) or drug-related activity at least once in the past year or more than once in the past five (5) years?
 Yes No
7. Has any member of the household been terminated from an assisted housing program for manufacture of methamphetamine or been convicted of the manufacture of meth?
 Yes No
8. Has any member of the household engaged in or threatened abusive or violent behavior towards any HATC Housing staff or commissioners?
 Yes No
9. Has any member of the family been terminated from federally assisted housing in the last five (5) years?
 Yes No
10. Has any member of the family ever participated in the Section 8 Certificate or Voucher program?
 Yes No

 Signature

 Date

HATC use only	
Screening through Washington State Patrol	Date: _____ Initials: _____
Checked with other Housing Authority	Date: _____ Initials: _____

