

Important Information

Please read this carefully before completing the application form

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority. If English is not your first language and you need interpretive services, please let us know.

- The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as “*What is your telephone number*”, and you do not have a telephone, write “none”. Do not use N/A.
- All yes/no questions must be checked to indicate whether your response is a “yes” or “no”.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and all household members who will be age 18 or above within the next three months (if any) must sign and date the application form.
- The questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

In order to qualify for housing assistance an applicant must:

- Be a family as defined in the housing agency’s administration plan. The administrative plan is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status and provide copies of all household members’ birth certificates, passports or current alien registration cards.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the housing agency’s office.
- Provide documentation of Social Security numbers for all family members
- Meet student eligibility requirements
- Pay any money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements
- Sign authorization forms so that the PHA can verify the various eligibility requirements
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.



HATC Use Only: Initials **Mailed/Faxed:**

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

PERSONAL DECLARATION – ELIGIBILITY QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS ACCURATELY (In black or blue ink), WITH COMPLETE INFORMATION.

PLEASE INDICATE YES OR NO. DO NOT USE N/A. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

If you need additional space in any of the sections/questions, using the same format, write or type the information on a separate piece of paper. Please indicate the section or question you are referring to, and sign and date it.

Head of Household Name				Phone # (Home, Work or Cell)	
Street Address	City	State	Zip	Message Phone #	
Mailing Address (if different)	City	State	Zip	Email	

FAMILY COMPOSITION

Please list **YOURSELF** and **all persons living/staying in home at least 51% of the time**, including your live-in, full-time care provider (if applicable). List legal names of everyone living at your address including you. Each box must be completed for each member. No one except those listed on this form may live in the unit.

We request that you voluntarily show your race or ethnic background. (Your race will not be used in considering your eligibility for housing assistance.) Please choose from the most accurate groups: White (W), African American/Black (B), American Indian/Alaskan Native (N), Asian (A), Hawaiian Native or Other Pacific Islander (P)

ADULTS (legal name) (18 or over)	DATE OF BIRTH	Disabled	Hispanic	Race	RELATION TO HEAD OF HOUSEHOLD	SEX (M/F)	SOCIAL SECURITY NUMBER
1.		[]	[]		Head of Household		
2.		[]	[]				
3.		[]	[]				
CHILDREN (name as it appears on SS card)	DATE OF BIRTH	Disabled	Hispanic	Race	RELATION TO HEAD OF HOUSEHOLD	SEX (M/F)	SOCIAL SECURITY NUMBER
1.		[]	[]				
2.		[]	[]				
3.		[]	[]				
4.		[]	[]				
5.		[]	[]				
6.		[]	[]				

1. Has any adult who will live in the home previously lived in a State other than this State? Yes No
 If yes, which family member(s)? _____ State lived? _____
 _____ State lived? _____
2. Does anyone other than an adult who will live in the home share custody of any of the children listed? Yes No
 If yes, who? _____
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
4. Is anyone who will be living in the home expecting a child? Yes No
 If yes, who? _____
5. Is there anyone not listed on the application who is temporarily absent from the home? Yes No
 If yes, who, why and expected return date: _____
6. Has anyone who will be living in the home ever used another name (including maiden name) or social security number other than the ones listed on this application? Yes No
 If yes, who? _____ What names/numbers(s)? _____

8. Is there anyone who will be living in the home who is 18 or over and is a full-time student? Yes No
If yes, who? _____
9. Is there anyone who will be living in the home who is attending college (part or full-time)? Yes No
If yes, who? _____
10. Does any household member require accommodations to fully utilize our programs and services? Yes No
If yes, who? _____ What do they require? _____

CRIMINAL BACKGROUND AND OTHER INFORMATION

1. Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest.
Attach a separate sheet if needed) _____
2. Has any household member ever been convicted of any crime? Yes No
If yes, how many times? _____ What crime(s)? _____
3. Is any household member a subject to lifetime sex offender registration? Yes No.
If yes, who? _____ In what State(s)? _____
4. Is any household member currently using illegal drugs? Yes No
If yes, who? _____
5. Has any household member ever been evicted from any type of housing? Yes No
If yes, explain when, where and for what reason(s). _____
6. Has any household member received rental assistance in public housing or Section 8? Yes No
If yes, when? Year(s) _____ Housing Agency Name _____
Under what name? _____ Who was Head of Household? _____
7. Does any household member owe any money to any Housing Authority (damage claim or other reasons)? Yes No
If yes, please explain (Name & address of Housing Authority, date of claim): _____

PRESENT AND PREVIOUS HOUSING INFORMATION

List your current and most recent address and the names and telephone numbers of your current and most recent landlord.

Current landlord	Phone:	
Address _____	City/state/zip _____	How long? _____
Previous landlord	Phone:	
Address _____	City/state/zip _____	How long? _____

INCOME INFORMATION

1. Are any family members who are under age 18 employed? YES NO
If yes, please include their employment information above and list their name(s) and date of birth below:

2. Is any family member (18 years or older) in your household claiming NO INCOME? YES NO
If yes, state the name of the family member(s) claiming NO INCOME and have each adult claiming no income complete a Zero Income form.

3. Is any household member serving in the Military? YES NO
If yes, please provide below the name of the family member(s) and the military branch they are serving with. Any pay earned by a family member serving in the Armed Forces, due to exposure to hostile fire, will not be used in determining your household's income.

4. Have any adult household members who are not currently employed worked for pay within the last 12 months?

If yes, list family member(s), place of employment and months worked

YES NO

5. Does anyone outside of your household pay for any of your bills or give you money?

YES NO

If yes, please state their name, address and phone number of the individual or agency below.

HOUSEHOLD INCOME					
Please mark Yes or No to declare if any family member currently receives, has applied for or expects to receive income from each source within the next twelve months. Please list all family members with each type of income.					
Income Source:	Yes	No	Name of Family Member	Amount of Gross Income	Name, Address, Phone Number and Fax Number of Employer or source of income
Employment/ Wage Please attach two months of consecutive pay stubs for each job.	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
				\$ _____ per:	
Tips or bonus pay	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Work Study Wages	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Education Grants	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	Business Name: _____ Please complete a Self-Employment Income Report form and provide copies of your business tax return and business bank statements
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Worker's Comp. (L&I)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Child Support - Support Enforcement	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	Case #'s
Child Support - Paying Parent	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	Paying parent(s) name, phone number and address
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
				\$ _____ per:	
S.S.I.	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
				\$ _____ per:	
SSP DSHS	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Public Assistance (TANF)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
GAU or GAX	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Adoption Assistance Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Foster Care Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Rental or Other Property	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Interest Income	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Panhandling	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	
Gifts or Regular contributions of household goods, money or bills paid	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	List contributor name, phone number and address:
Other Income (Income not listed above)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ per:	

JOB-TRAINING PROGRAMS

If anyone in your household taking part in a **job-training program for pay**, please the name of the family member(s) receiving

training and the name of the training program. Also include the mailing address, phone number and the name of the agency representative that we may contact.

<p>_____</p> <p>Family Member's Name</p> <p>_____</p> <p>Training Program</p>	<p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>_____</p> <p>Representative Name</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Phone</p>
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SCHOOLS OR COLLEGES

If anyone in your household (over 18) is attending or planning to attend school or college, please provide the requested information below and please attach a copy of recent Financial Aid Award letter. If additional space is needed, write information on a separate sheet of paper.

FAMILY MEMBER'S NAME & FULL OR PART-TIME	NAME OF SCHOOL OR COLLEGE, MAILING ADDRESS, PHONE NUMBER, & FAX	AMOUNT OF GRANT
<p>_____</p> <p>Family Member's Name</p> <p>Please select one:</p> <p>[] Full-Time [] Part-Time</p>	<p>_____</p> <p>Name of School or College</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Phone Fax</p>	<p>\$ _____</p> <p>Amount of Grant (Financial Aid) AND</p> <p>\$ _____</p> <p>Work Study</p>
<p>_____</p> <p>Family Member's Name</p> <p>Please select one:</p> <p>[] Full-Time [] Part-Time</p>	<p>_____</p> <p>Name of School or College</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Phone Fax</p>	<p>\$ _____</p> <p>Amount of Grant (Financial Aid) AND</p> <p>\$ _____</p> <p>Work Study</p>

RESOURCES & ASSETS

Net Family Assets includes interests, dividends, and other net income of any kind from real or personal property. cash, travelers' checks, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds certificates of deposit, and personal property such as coin collections, gems, jewelry, or antiques used for investment. (If uncertain about whether something is considered an asset, please contact your specialist to have your questions answered.)

Where the family has Net Family Assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

I/We own or have a share in one or more of the following (including household minors). If answer is YES to any of the following items, you may be asked to complete additional forms and/or provide statement copies. If you have a bank or credit union account and your average, ongoing balance exceeds \$999.99, please attach copies of three (3) recent, consecutive statements. Only printouts with bank certification will be accepted, if you do not have your statements.

Resources:	Yes	No	Name(s) on Account(s)	Cash Value	Bank or Credit Union Name, Address and Account Number
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
			_____	\$ _____	_____
Savings Account/Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
			_____	\$ _____	_____
Money on hand (cash)	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Trust or Annuity Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Retirement Fund, IRA, KEOGH, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Stocks/Bonds/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Life Insurance (Whole Life)	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Personal property held as investment assets	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Property on which you are not living	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Real Estate Sales Contract	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
Other Resources	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____

1. Have you or any household member disposed of any asset within the last two years? YES NO

If yes, please list. You may be asked to complete additional forms and/or provide verification.

CHILDCARE		
If you pay childcare for any family member under age thirteen (13) or disabled, to allow you to work or go to school, please complete the following:		
_____ Child's Name	Name of Provider _____ Address _____ _____ Phone _____ Fax _____	\$ _____ Co-pay/amount paid by family _____ Hours per: <input type="checkbox"/> Week <input type="checkbox"/> Month
_____ Child's Name	Name of Provider _____ Address _____ _____ Phone _____ Fax _____	\$ _____ Co-pay/amount paid by family _____ Hours per: <input type="checkbox"/> Week <input type="checkbox"/> Month

MEDICAL EXPENSES:
If head of household or spouse is elderly or disabled, do you pay out-of-pocket medical expenses that exceed 3% of your income for the household? (Insurance, co-pays or prescriptions) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please request & complete Medical Supplement A.

EMERGENCY CONTACTS	
In case of an emergency, please list persons we may notify:	
Name:	Relationship:
Address:	Home Phone:
	Work Phone:
Name:	Relationship:
Address:	Home Phone:
	Work Phone:

Authorization to discuss housing participation:			
I/We do hereby authorize the Housing Authority of Thurston County and its staff to speak with the person or agency listed below to assist with the Eligibility process. This person or agency (example: BHR, SSMH, a family member, refugee center, etc.) assisted me with paperwork, etc., and/or has knowledge of my circumstances:			
Name:		Relationship to family:	
Phone Number:		Agency:	
Fax Number:		Address:	
Name:		Relationship to family:	
Phone Number:		Agency:	
Fax Number:		Address:	

Declaration and signature:

I/We have read (or had explained to me/us) and understand the information in this document. I/We declare under penalty of perjury, information I/we have supplied for the Housing Authority is true, correct, and complete to the best of my/our knowledge. I/We understand that I/we will be terminated and criminally prosecuted if benefits are distributed because of willfully false statements made by me/us or willfully failing to report information to the Housing Authority.

Authorization and signature of all adult household members:

Everyone who is over 18 or will be 18 within the next three months must sign all forms.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing benefits as well an overpayment recovery.

Signature of head of household and date

Signature of other adult and date

Signature of other adult and date

Signature of other adult and date