



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

SELF-DECLARATION OF HOUSEHOLD STATUS

Head of Household: \_\_\_\_\_

Adult to be added to the Lease: \_\_\_\_\_

Please check one of the following:

- I am the significant other of the Head of Household. I will obtain the landlord/manager's written approval to be added to the lease. If approved by the Housing Authority to be added to the household, I agree that if the household splits up, the original Head of Household will continue to be the voucher holder.
I am an adult related to the Head of Household (Parent, sibling or disabled adult child). I will obtain the landlord/manager's written approval to be added to the lease. If approved by the Housing Authority to be added to the household, I agree that if the household splits up, the original Head of Household will continue to be the voucher holder.
I am not the significant other to the Head of Household, nor do we have children in common. I will be added to the lease with both HATC and the landlord/manager's written approval as a roommate. This is also known as a shared-housing agreement. As a roommate, I will pay a prorated share of the rent and utility expenses consistent with the total number of people and/or bedrooms in the unit. I understand that HATC will not be assisting me with my portion of the rent and utilities, nor do I have any claim to the voucher.

I acknowledge that the unit is subject to inspection and will allow access to the entire unit on an annual basis.

Signature of Head of Household

Date

Signature of Other Adult

Date

