



Housing Authority of Thurston County

1206 12th Avenue SE • Olympia, WA. 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038

www.hatc.org

Name of Recipient: _____

Address: _____

GIFT AFFIDAVIT

I, _____, residing at _____
Name Street Address

_____, _____, _____ do hereby certify that I give
City WA Zip

\$ _____ worth of assistance in the form of money, **food**, or other **household**
items as a gift to the person identified **above** and further do certify that this income is of a
recurring nature and given: Weekly _____ Monthly _____ Annually _____
(Check One)

Signature _____ Date _____ Phone # _____

NOTE: Sign in presence of Notary only

STATE OF WASHINGTON)

COUNTY OF _____) ss.

On this _____ day of _____, personally appeared before

me _____, to me known to be the individual described
in and who executed the within and foregoing instrument, and acknowledged to me under oath that
she/he signed the same of her/his free and voluntary act and deed, for uses and **purposes therein**
mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the state of Washington,
Residing at: _____
Printed Name: _____

My Commission Expires: