



HATC Use Only
App # _____

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

WAITING LIST CHANGE OF INFORMATION

Name on Application: _____

Address: _____

_____ City _____ State _____ Zip

Phone: _____ Message Phone: _____

Change of Income (Gross monthly amount from all sources):

\$ _____ Social Security \$ _____ Wages \$ _____ Pension
 \$ _____ SSI \$ _____ Unemployment \$ _____ Child Support
 \$ _____ AFDC \$ _____ L & I \$ _____ Other
 \$ _____ GAU \$ _____ Veteran \$ _____ Other

Change in Household Members: Please fill out completely for all new person(s) in the household in order for them to be added to your application.

Full Name	Relationship to Head	M/F	Social Security Number	Date of Birth	Disabled Y/N
	Head/Self				

If there are more than five (5) members in your household, please list additional members on back of form.

Signature of Head of Household Print Name Date

**Si usted necesita ayuda, por favor pongase en contacto con las Autoridades de alojamiento para hacerlo interpretar para usted.*

