



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

Dear Landlord/Owner:

The Housing Authority of Thurston County is seeking handicap accessible unit listings. We routinely gather this information so that we can provide a resource listing for any person seeking a handicap accessible unit. If you have handicap units in your inventory, please complete the form on the bottom of this page. Please list any units that you have in your inventory whether they are currently available or not. If you have several units in a multi-family housing complex, please list the unit numbers and bedroom sizes on the reverse of this form. If you have several properties, please copy this form and use a separate form for each property.

Thank you for your support and if you have any questions please call Karen McVea, Rental Assistance Program Manager, at (360) 753-8292 or by e-mail at KarenM@hatc.org.

Fax Form to: (360) 586-0038
 Mail Form to: Housing Authority of Thurston County
 503 West Fourth Avenue
 Olympia WA 98501

Listing is:		Type of Unit:		
<input type="checkbox"/> Available	<input type="checkbox"/> Currently not available	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile Home
		<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Other _____
Is your building restricted by law for: <input type="checkbox"/> Elderly or Disabled Only				
Contact Information				
Contact Person Name		Telephone#		Fax#
Contact Person Mailing Address		City, State		Zip
Property Management Name	Address			Alt. Contact #
Rental Unit Information				
Rental Unit Street Address	Unit #	City, State		Zip Code
# of Bedrooms	# of Bathrooms	Rent Requested	Security Deposit	Date Available (if applicable)
Services Provided by Owner		Utilities Paid by Owner		Utilities Paid by Tenant
Modifications Available: <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Ramp <input type="checkbox"/> Wider doorways <input type="checkbox"/> Handrails		<input type="checkbox"/> Roll-In shower <input type="checkbox"/> Wheelchair accessible kitchen		<input type="checkbox"/> Wheelchair accessible bathroom <input type="checkbox"/> Other _____
For Office Use Only				
Date Entered			Staff Initials	



