



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 State 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: (check one)

[] Weekly [] Monthly [] Annually

_____, _____, _____
Signature Date Phone #

NOTE: Sign in presence of Notary only

STATE OF _____)

) ss.

COUNTY OF _____)

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 _____

Residing at: _____

Name: (printed) _____

My Commission Expires: _____

