# HAP CHECK PICK-UP AUTHORIZATION

**SECTION A (Landlord Completes)**

Landlord Name _____

Last 4 of Tax ID _____

List any persons authorized (including yourself) to pickup HAP checks on behalf of landlord on this form.

_____

_____

_____

I authorize The Housing Authority of Thurston County to release the Housing Authority Payment (HAP) checks to indivual(s) listed above. The above named individual(s) will be responsible for any misappropriation as a result of HAP checks being released.

Owner or Authorized Agent Approving this Form:

_____

Name Signature Date

*A new original form must be completed for any change in signature and/or authorization.*

**SECTION B (HATC Finance Dept. Completes)**

**Form Reviewed By:** _____

Name Date

| HAP CHECK PICK-UP LOG | | | | |
|---|---|---|---|---|
| **Check #** | **Check Date** | **Person Picking Up** | **Signature** | **Date Picked Up** |
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## HAP CHECK PICK-UP AUTHORIZATION

| Check # | Check Date | Person Picking Up | Signature | Date Picked Up |
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