



Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308

Phone: (509) 762-5541 • Fax: (509) 762-2202

Toll Free: (800) 747-9202 • TTY: (800) 833-6388

www.hagc.net

STATEMENT OF INTENT TO RENT

Date: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION AFTER THE TENANT HAS BEEN APPROVED FOR A UNIT.

The following tenant(s) have been approved for tenancy: _____

The unit is located at (physical address & unit number): _____

The tenant is able to move into the unit on (date): _____ provided rent and deposit have been paid.

Please answer the following questions regarding the unit:

Deposit amount: \$ _____

Rent per month: \$ _____

Number of bedroom(s) _____ Number of bathroom(s) _____

Which utilities are included in the rent: Water: _____ Heat: _____

Sewage: _____ Garbage: _____

Was the unit built after 1978? _____

How can we contact you:

Owner/Management Company Name: _____

Phone Number: _____ Fax Number: _____

Signature: _____

Return this form to: _____, Phone Number: 509-762-5541 ext: _____

Fax: 509-762-2202 Email: _____



The Housing Authority of Grant County, Washington is an equal opportunity provider and employer and does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status. The Housing Authority of Grant County's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing programs and related services.

