

**Application
Temporary Housing Assistance Program (THAP)**

Please fill out application completely and sign when completed.

Motel/Hotel Apartment Shelter Group Facility

I. Housing Provider Personal Information:

Site Name: _____

Provider Name: _____
(Last) (First) (Middle)

SS#: _____ Tax ID #: _____

Current Driver's License #: _____ Date of Birth: _____
(State) (Number)

Physical Address: _____
(Street) (City) (ZIP) (County)

Contact Mailing Address (If Different): _____

(Street) (City) (State) (ZIP) (County)

***Application will not be processed if the site is located in Dallas, El Paso, Harris, Jefferson, Tarrant or Travis County.**

Is the physical address located within the city limits? Yes No

Daytime Phone: _____ Work Phone: _____
(AC) Phone Number (AC) Phone Number

Fax #: _____ E-Mail Address: _____
(AC) Phone Number

II. Site Provider Criminal History (Check Yes or No)

Are you currently under Parole Supervision? Yes No

Are you currently under Community Supervision (Probation)? Yes No

Have you ever been on Parole or Community Supervision? Yes No

Have you ever been or currently required to Register as a Sex Offender? Yes No

TDCJ will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

III. Site Provider/Offender Relationship Information (Check Yes, No or Unknown, as applicable)

Are you or any immediate member of your family (to include, but not but not limited to your parent, brother, sister, spouse or child) related to a current TDCJ offender (incarcerated or on parole)?

Yes No Unknown

If yes, provide the name of the offenders: _____

Are you on a current TDCJ offender's visitation list? Yes No Unknown

If yes, provide the name of the offenders: _____

IV. Site Information (Check Yes or No)

Was structure being utilized as a multifamily residence or as a motel on or before June 1, 2009?

Yes No

of Beds available to offenders: _____

of Bathrooms available to offenders: _____

Does the living space have air conditioning or window unit/heat? Yes No

Does the site have a microwave? Yes No

Does the site have a refrigerator? Yes No

Date the site can begin accepting placements: _____

Daily Per Diem (per offender) Request: \$ _____

V. Site Housing Location: (Check Yes or No)

Site located within public transportation? Yes No

Indicate Distance: _____

Site located within walking distance to any resources that provide services to Indigent persons?

Yes No

If yes, specify type: _____

Examples: Thrift Shop, Food Pantry, etc

Does site provide food and/or clothing? Yes No

If yes, specify details: _____

Does the site provide any additional services or resources not listed above? Yes No

If yes, please specify: _____

Is the site located within 1000 feet of school, day care or church? Yes No
If Yes, specify details and distance: _____

VII. Types of Offenders Provider Will Accept: (Check Yes or No)

Electronically Monitored Offenders Yes No

If Yes, will you provide a dedicated phone line? Yes No

Sex Offenders Yes No

Male Offenders Yes No

Female Offenders Yes No

VIII. Additional Information: (Check Yes or No) Yes No

Any additional information not previously disclosed that you would like to include as part of this application packet? _____

VIII. Attachments:

Application will not be processed without attached documents:

_____ Housing Site Picture

_____ Documentation of compliance with appropriate Zoning Regulations
(Certificate of Occupancy)

By signing this application, you are authorizing a representative of TDCJ to conduct a background investigation of you and the THAP provider location.

Provider Signature

Date

Send Completed Application To:

TDCJ- PD, Placement and Release Unit (HPRU)

Attention: Christina Propes

1650 7th Street, West Bldg., Ste. A

Huntsville, TX 77320

Phone: 936-291-7583

FAX: 936-437-5545