

**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: Jennifer Robinson  
1650 7<sup>th</sup> Street, West Bldg., Ste. A  
Huntsville, TX 77320**

**Phone: 936-291-7583  
FAX: 936-437-5545**