|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Texas Department of Housing and Community Affairs**  **Housing Contract System Access Request Form for Homeless Programs** | | | | | | | | | |
| Emergency Solutions Grants (ESG) or ESG Rapid Unsheltered Survivor Housing (RUSH) Program  Homeless Housing and Services Program (HHSP)  Ending Homelessness (EH) Fund  Fort Bend Youth and Young Adult Homeless Program (YYAHP)  Send completed form to [HomelessPrograms@tdhca.texas.gov.](mailto:HomelessPrograms@tdhca.texas.gov) | | | | | | | | | |
| Subrecipient Name: | | | | | | | | | Phone: |
| Contract Number(s):  More than one contract number may be included, if same level of access is given. | | | | | | | | | Fax: |
| Subrecipient physical address (street, city, zip): |  |  |  |  |  |  |  |  |  |
| Subrecipient mailing address (street, city, zip): | , |  |  | , |  |  |  |  |  |
| **Contract Executor.** Please list the individual authorized to execute a Contract on behalf of a Subrecipient. This person will also have authority to enter and approve Monthly Performance Reports/Monthly Expenditure Reports. | | | | | | | | | |
| Name: | | | | | | | Title: | | |
| Phone: | | | | | | | Email: | | |
| Physical address, if different than Subrecipient: |  |  | , |  |  | , |  |  |  |
| Mailing address, if different than Subrecipient: , , | | | | | | | | | |
| **I certify that all individuals identified in this document are authorized to perform the functions as specified.**    Signature of Authorized Representative Date | | | | | | | | | |
| If individual authorized to execute a Contract is replacing a previous individual authorized to execute a Contract, indicate previous individual’s name for removal from Contract System authorization: | | | | | | | | | |
| **Contract Contact.** Staff listed as contract contact will receive deficiency notices on draw requests. If no contract contact is indicated, contact will be the first individual listed on the HCS Access Request form submitted at contract start up. | | | | | | | | | |
| Contract contact is (list staff name). | | | | | | | | | |
| **Data Entry and Approval.** List individuals who will have authority to enter data or approve reports in the Housing Contract System. | | | | | | | | | |
| 1. Name: | | | | | | | Title: | | |
| Phone: | | | | | | | Email: | | |
| Organization name, if different than Subrecipient: | | | | | | | | | |
| Physical address, if different than Subrecipient: , , | | | | | | | | | |
| Mailing address, if different than Subrecipient: , , | | | | | | | | | |
| Authorized to only enter Monthly Performance Reports/Monthly Expenditure Reports Authorized to enter and approve Monthly Performance Reports/Monthly Expenditure Reports | | | | | | | | Remove access | |
| 2. Name: | | | | | | | Title: | | |
| Phone: | | | | | | | Email: | | |
| Organization name, if different than Subrecipient: | | | | | | | | | |
| Physical address, if different than Subrecipient: , , | | | | | | | | | |
| Mailing address, if different than Subrecipient: , , | | | | | | | | | |
| Authorized to only enter Monthly Performance Reports/Monthly Expenditure Reports Authorized to enter and approve Monthly Performance Reports/Monthly Expenditure Reports | | | | | | | | Remove access | |
| 3. Name: | | | | | | | Title: | | |
| Phone: | | | | | | | Email: | | |
| Organization name, if different than Subrecipient: | | | | | | | | | |
| Physical address, if different than Subrecipient: , , | | | | | | | | | |
| Mailing address, if different than Subrecipient: , , | | | | | | | | | |
| Authorized to only enter Monthly Performance Reports/Monthly Expenditure Reports Authorized to enter and approve Monthly Performance Reports/Monthly Expenditure Reports | | | | | | | | Remove access | |
| Warning: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. | | | | | | | | | |

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711 Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: [info@tdhca.texas.gov](mailto:info@tdhca.texas.gov) Web: www.tdhca.texas,gov

03-2025