

Texas Department of Housing and Community Affairs Housing Contract System Access Request Form for the HAF Subrecipient Activities Program

Send completed form to txhfsa@tdhca.state.tx.us Forms for any other TDHCA programs will not be accepted at this email address.

Subrecipient Name: _____ Phone: _____

HAF Subrecipient Activities Program Contract Number _____

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 Subrecipient. This person has the authority to enter and approve Monthly Performance Reports and Monthly Expenditure Reports.

Name: _____ Mail: _____

Phone: _____ Email: _____

Physical address, if different than Subrecipient: _____

Mailing address, if different than Subrecipient: _____

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 Remove access
 Authorized to enter and approve Monthly Performance Reports/Monthly Expenditure Reports

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 Remove access
 Authorized to enter and approve Monthly Performance Reports/Monthly Expenditure Reports

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 Remove access
 Authorized to enter and approve Monthly Performance Reports/Monthly Expenditure Reports

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.

