



Thank you for applying to license your migrant housing facility with the Texas Department of Housing and Community Affairs (TDHCA). This cover letter serves to provide you with information about the application process.

Which facilities must be licensed?

Any facility that houses two or more seasonal, temporary, or migrant families or three or more seasonal, temporary, or migrant workers for more than three days must be licensed.

May I include multiple sites on one license?

A license may include multiple buildings on scattered or noncontiguous sites, as long as the scattered sites are in a reasonable distance from each other, and the work location and the buildings are operated as one facility by the provider.

May I use my Texas Workforce Commission (TWC) or Department of Labor (DOL) inspection for TDHCA licensing purposes?

You may, so long as the TWC/DOL inspection is no more than 90 days old and has no material deficiencies or exceptions. TWC/DOL must also have inspected all of the buildings that you intend to license with TDHCA – for example, if TWC/DOL inspected two buildings but you intend to license three buildings, then TDHCA will be required to conduct an inspection on the remaining building.

What do I need to submit with my application?

If TWC/DOL has inspected the facilities within the last 90 days, then please submit:

- The attached application, completed in its entirety (with a separate copy of page one for each address)
- The attached form “Exhibit 1”
- A copy of all TWC/DOL inspection forms
- A check for \$75

If TWC/DOL has not inspected these facilities, or the inspection is more than 90 days old, or there are additional facilities which were not inspected, then please submit:

- The attached application, completed in its entirety (with a separate copy of page one for each address)
- A check for \$250
- The attached form “Exhibit 1”

If you have any questions, please contact Peter Jones, Senior Compliance Program Administrator, at 512-475-4515 or by email at peter.jones@tdhca.texas.gov



Texas Department of Housing and Community Affairs

P. O. BOX 13941 Austin, Texas 78711-3941

Phone: 800-643-8204 or Fax: 512-475-3359

Pursuant to the Texas Migrant Labor Housing Facility Act, Tex. Gov. Code, §§2306.921-2306.933

Internet Address: <https://www.tdhca.texas.gov/migrant-labor-housing-facilities>



RENEWAL APPLICATION TO OPERATE A MIGRANT LABOR HOUSING FACILITY

(Please type or print clearly and complete the entire application)

Facility Location

For multiple addresses please complete and attach a *separate copy of this page* to the application for each address:

Contact Name:	Facility Phone #:		
Physical Location or Address of Facility:			
City:	State: TX	ZIP:	County:
Has this facility passed an H-2A or other inspection within the past 90 days?		<input type="checkbox"/> Yes (attach copy*)	<input type="checkbox"/> No
Do you hire workers using the H2A visa program?	<input type="checkbox"/> Yes H2A job order number <input type="checkbox"/> No		

Facility Description

Number of buildings used for migrant housing:	Number of Units/Apts:	Number of Occupants:
	Number of Beds:	Total Building Sq. Ft.: (please separate by building)
Water Supply	Sewage Disposal	Cooking Facility
<input type="checkbox"/> Public <input type="checkbox"/> Private/Well	<input type="checkbox"/> Public <input type="checkbox"/> Septic	<input type="checkbox"/> General Mess <input type="checkbox"/> Individual in Unit
Bathing	Laundry	Hand Washing
<input type="checkbox"/> Communal Facility <input type="checkbox"/> Individual in Unit	<input type="checkbox"/> Communal Facility <input type="checkbox"/> Individual in Unit	<input type="checkbox"/> Communal Facility <input type="checkbox"/> Individual in Unit

Housing Provider Contact Information

(Provide: The Employer's Company Name, Address where license will be mailed, e.g. address of corporation, company, or home)

Business or Trade (DBA) Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Contact's Phone #:	Contact's Fax:	
Contact's Email:		

DEPARTMENT USE ONLY

License Number Issued: MLF00000	Date Inspected:	Receipt #:
Effective/Expiration Date:		
Comments:		

Reason For Applying (check all that apply)		
<input type="checkbox"/> License Renewal	Date Workers Will Occupy Housing:	TDHCA License #:
<input type="checkbox"/> Change of Location	Previous Location:	MLF00000
<input type="checkbox"/> Change of Name	Previous Name:	License Exp Date:
<input type="checkbox"/> Change of Ownership	Previous Owner:	Last inspection Date:

Certification Statement

Pursuant to the Texas Migrant Labor Housing Facility Act, Tex. Gov. Code, §§2306.921-2306.933 (the "Act"), I hereby have fully completed the above application for license to establish and maintain a Migrant Labor Housing Facility. By signing this document I certify that I am authorized to sign this document on behalf of the applicant and that all information in this complete application is true and correct.

Signature:	Title:
Name (printed):	Date:

- A license, unless revoked, shall expire one year from the date of issuance, and it shall be non-transferable.
- Please note that it is the responsibility of the license holder to renew their license before the expiration date, whether or not they have received a renewal notice from the Department. If you did not receive your renewal notice, you may find a renewal forms at <https://www.tdhca.texas.gov/migrant-labor-housing-facilities>
- Application fee is \$250.00 without an inspection less than 90 days old conducted by the Texas Workforce Commission (TWC) or the United States Department of Labor (DOL).
- All applicants must complete and attach Exhibit 1, Additional Certification Statement. *If applying for a license only, applicants must attache a copy of the current TWC inspection and the license fee of \$75.00.*
- For assistance in completing this application, please email us at migrantlaborhousing@tdhca.texas.gov or call 800-643-8204.
- Make check payable to the: Texas Department of Housing and Community Affairs

Mail application and fees to the: TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
P. O. BOX 13941
AUSTIN, TX 78711-3941

Please provide any additional information about the location(s) or required timing here or on attachments:

*******Incomplete Applications Or Improper Fees Will Delay License Issuance *******

EXHIBIT 1
Texas Department of Housing and Community Affairs
CERTIFICATION OF APPLICATION TO OPERATE A MIGRANT LABOR HOUSING FACILITY

In addition to having the appropriate inspection using the housing standards defined in 29 CFR §500.132, providers of facilities must certify compliance with the following additional state standards:

1. Facilities shall be constructed in a manner to insure the protection of Occupants against the elements. Facilities shall be maintained in good repair and in a sanitary condition. All doors to the exterior shall have working locks and all windows shall have working interior latches. Each unit shall have a working smoke detector. Fire extinguishing equipment shall be provided in an accessible place located within 100 feet from each Facility. Such equipment shall provide protection equal to a 2 1/2 gallon stored pressure of five gallon pump type water extinguisher. A working carbon monoxide detector must be present in all units that use gas or other combustible fuel.
2. Combined cooking, eating, and sleeping arrangements must have at least 100 SF per person (aged 18 months and older); the portion of the Facility for sleeping areas must include at least a designated 50 square feet per person.
3. Facilities for Families with children must have a separate room or partitioned area for adult Family members.
4. In dormitory-type facilities, separate sleeping accommodations shall be provided for each sex. In Family housing units, separate sleeping accommodations shall be provided for each Family unit.
5. Facilities previously used to mix, load, or store pesticides and toxic chemicals may not be used for cooking, dishwashing, eating, sleeping, housing purposes, or other similar purposes.
6. In a central mess or multifamily feeding operation, the kitchen and mess hall shall be constructed in accordance with any applicable local or state rules on food services sanitation.
7. Beds, bunks, or cots shall have a clear space of at least 12 inches from the floor. Triple-deck bunks shall be prohibited. Single beds shall be spaced not closer than 36 inches laterally or end to end. Bunk beds shall be spaced not less than 48 inches laterally or 36 inches end to end. There shall be a clear ceiling height above a mattress of not less than 36 inches. The clear space above the lower mattress of the bunk beds and the bottom of the upper bunk shall not be less than 27 inches.
8. Bathrooms, in aggregate shall have a minimum of one showerhead per 10 persons and one lavatory sink per six persons. Showerheads shall be spaced at least three feet apart to insure a minimum of nine square feet of showering space per showerhead.
9. In all communal bathrooms separate shower stalls shall be provided.
10. Mechanical clothes washers with dryers or clothes lines shall be provided in a ratio of one per 50 persons. In lieu of mechanical clothes washers, one laundry tray (which is a fixed tub (made of slate, earthenware, soapstone, enameled iron, stainless steel, heavy duty plastic, or porcelain) with running water and drainpipe for washing clothes and other household linens) or tub per 25 persons may be provided.
11. All Facility sites shall be provided with electricity. The electrical systems shall conform to all applicable codes and shall be sufficient to provide the electricity with sufficient amperage to operate all required and available features, including but not limited to lighting, stoves, hot water heaters, heating systems, portable heaters, refrigeration, and such other devices as may be connected to wall type convenience outlets.
12. A separate bed and clean mattress must be provided for each individual worker or Couple. If a single bed is provided to a couple, it may not be smaller than a full size.

By signing below, you are certifying that you are authorized to sign this document and that the facility for which you are applying to license meets the above listed standards. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of any license issued or other enforcement actions by the Department.

Applicant Signature: _____

Title: _____

Printed Name: _____

Date: _____