

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

877-313-3023, FAX 512-475-3506

Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**Adding or Deleting a Related Person to a License Record**

**ADD A RELATED PERSON**

List any person(s) who meet the definition of a related person who is/are hereby authorized to be listed as such on the license record. A related person is a person who directly participates in management or policy decisions and must satisfy the education requirements of Sections 1201.104 and 1201.113 of the Texas Occupations Code prior to being added as a related person. All related persons must also submit fingerprints through the State's approved vendor for a criminal history check prior to being added as a related person.

Instructions regarding fingerprinting can be found at the Department's website at <https://www.tdhca.state.tx.us/mh/docs/Fingerprinting-Instructions.pdf>.

_____	_____	_____	_____	_____
<i>Full Name</i>	<i>Date of Birth</i>	<i>SSN (Required)</i>	<i>Date Fingerprints Taken</i>	<i>Date Education Class Taken</i>

_____	_____	_____	_____	_____
<i>Full Name</i>	<i>Date of Birth</i>	<i>SSN (Required)</i>	<i>Date Fingerprints Taken</i>	<i>Date Education Class Taken</i>

**DELETE A RELATED PERSON**

List any person(s) no longer authorized to be listed as a related person, and should be removed from the license record.

_____	_____
<i>Full Name</i>	<i>Date of Birth</i>

_____	_____
<i>Full Name</i>	<i>Date of Birth</i>

**CERTIFICATION**

I am authorized to make the above mentioned changes and attest that all statements made are true and correct.

\_\_\_\_\_

*Printed Name of License Holder*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*License Number (Example R-1234, I-1234, M-1234)*

This form can be emailed or faxed to:  
**Email: [licensing@tdhca.state.tx.us](mailto:licensing@tdhca.state.tx.us)**  
**Fax: 512-475-3506**