



Application Form
(Answer all questions)

He brought me up also out of a horrible pit, out of the miry clay,
and set my feet upon a rock, and established my steps.
Ps. 40:2 NKJ

Name

Inmate No.

**Any untruth given will automatically disqualify you for this program.
If accepted, any alcohol or illegal drug use will result in automatic dismissal.**

1. After reading the informational packet, tell in a brief statement your opinion of the program.
2. Why do you feel you would be a good candidate for the House Where Jesus Shines program?
3. If you have already received Jesus as your Savior, please give a testimony of how you came to know Him. If there has been a rededication, tell us about that also.
4. List people to contact as personal references on your behalf.
5. If married, why are you not returning to your spouse?
6. Do you owe child support?

Application Form

1. Do you owe household or spousal support?
2. List all immediate family members and ages (wife and children).
3. List all job skills you possess and years of experience.
4. List educational or job training experiences while in TDC.
5. Military Service? _____ Branch? _____ Years in Service? _____ Start Date _____
_____ Ending Date _____ War Zone? _____
6. List the offences, how many times you have been in TDC or other facilities, and amount of time spent in each one. (For serious offenses, please explain circumstances)
7. List any medications you are presently taking and the reason.
8. List any limitations physical or other that may keep you from obtaining and maintaining full time employment (which is a requirement for residency at the House Where Jesus Shines).
9. Are you being released on parole or probation? Yes No
10. Is electronic monitoring a requirement of your parole? Yes No
11. Are you a registered sex offender? Yes No
12. Are you HIV positive? Yes No

If you will be released as a registered sex offender, we are unable to accept you at this time.



Client Application Form

Please print your name, address and TDCJ number clearly
so we can be able to correctly respond to your application.

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Emergency Contact (Name/Address/Phone Number/Relationship)		Marital
Identification Type and Number (TDC#) or (ISF#)		Place of birth
Social Security Number	Age	Date of birth

I, _____, am voluntarily applying to the House Where Jesus Shines. I do hereby indemnify and hold harmless the House Where Jesus Shines, including its officers, directors, or agents on behalf of the House Where Jesus Shines, from any and all claims, demands, actions, and suits, resulting from any physical injury, property damages, or other personal loss which I may incur as a result of my residency at the House Where Jesus Shines.

I understand that if I become more than one week delinquent in paying the program fee, the House Where Jesus Shines has the right to terminate and remove me from the program and remove me from the premises. There will be a 50% account assessment for leaving or being dismissed from this program before completion date.

I give permission for the House Where Jesus Shines to request a criminal history record from all law enforcement agencies.

I promise that I will cooperate with the rules, regulations, guidelines and policies of the House Where Jesus Shines and will participate in the activities of the House Where Jesus Shines, which have been provided for my benefit.

I have read all the above questions, statements and agreements and fully understand them and willingly sign this Application for Residency knowing what I am doing.

Due to Texas Identification restrictions any parolees born out of state must send a copy of birth certificate before your application can be accepted.

All questions must be answered or your application will not be processed.

Signature

Date

Place
Stamp
Here



FOLD HERE