



**Texas Department of Agriculture**  
**GO TEXAN Certified Retirement Community**  
**Program Application**

**RED-103**

Todd Staples, Commissioner

<b>SECTION A</b>	<b><sup>1</sup> CLIENT INFORMATION</b>		<b>TDA USE ONLY</b>	
	City or County name	<input type="checkbox"/> County <input type="checkbox"/> City	Client No.	Account No.
	Comptroller Taxpayer ID No. (in-state)		Date (mm/dd/yyyy)	Initials

<b>SECTION B</b>	<b><sup>1</sup> CHIEF ELECTED OFFICIAL</b>			
	<input type="checkbox"/> Mayor <input type="checkbox"/> Judge	First Name	M. I.	Last Name
	Primary Phone (      )      -      Ext.		Fax (      )      -      Ext.	
	E-mail		Web Address	
	<b><sup>2</sup> MAILING ADDRESS</b>			
Address				
City			State	Zip

<b>SECTION C</b>	<b><sup>1</sup> LOCAL CONTACT PERSON</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	M. I.	Last Name
	Title		Primary Phone (      )      -      Ext.	
	E-mail		Fax (      )      -      Ext.	
	<b><sup>2</sup> MAILING ADDRESS</b>			
Address				
City			State	Zip

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004.)

<b>SEC. C (CONT)</b>	<b><sup>3</sup> FACILITY ADDRESS – PHYSICAL ADDRESS OF CONTACT PERSON</b>			
	Physical Address (no P.O. Box)			
	City	State	Zip	County

<b>SECTION D</b>	<b><sup>1</sup> WEB SEARCH CRITERIA – CHECK ALL THAT APPLY (THIS INFORMATION WILL NOT BE USED IN THE SCORING PROCESS)</b>	
	<b>Local Medical Care Available</b>	<input type="checkbox"/> Long-term Care <input type="checkbox"/> Hospitals <input type="checkbox"/> Physicians <input type="checkbox"/> Pharmacies <input type="checkbox"/> Emergency Transportation <input type="checkbox"/> Acute Care (60-mile radius) <input type="checkbox"/> None
	<b>Local Public Transportation Available</b>	<input type="checkbox"/> Buses <input type="checkbox"/> Taxis <input type="checkbox"/> Shuttles <input type="checkbox"/> Trains <input type="checkbox"/> None
	<b>Military Bases</b>	<input type="checkbox"/> 0-99 miles <input type="checkbox"/> 100-250 miles <input type="checkbox"/> More than 250 miles <input type="checkbox"/> None
	<b>Technology</b>	<input type="checkbox"/> Broadband (DSL, Cable Modem, Wireless, Satellite) <input type="checkbox"/> Dial-up <input type="checkbox"/> Cellular Service <input type="checkbox"/> None
	<b>Education</b>	<input type="checkbox"/> University <input type="checkbox"/> Community College <input type="checkbox"/> Continuing Education <input type="checkbox"/> None

<b>SEC. E</b>	<b><sup>1</sup> POPULATION INFORMATION</b>
	<b>Census Population (based on latest official census)</b>
	Exact population _____

<b>SECTION F</b>	<b><sup>1</sup> PAYMENT</b>		
	Payment = Exact population _____ x .25 cents or \$5,000.00 (whichever is the higher amount) = \$ _____		
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check No. <input type="checkbox"/> Cashier's Check No. <input type="checkbox"/> Money Order No.		
	Amount remitted \$ _____		Mail to: Texas Department of Agriculture P.O. Box 12401, Austin, TX 78711
	<b>TDA USE ONLY</b>	Receipt No. _____	Date Receipt Issued        /        /

<b>SECTION G</b>	<b><sup>1</sup> CHIEF ELECTED OFFICIAL SIGNATURE</b>	
	<p>The applicant, by and through his/her personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any certification issued pursuant to this application. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certification on behalf of the applicant.</p>	
	Chief Elected Official Signature _____	Date (mm/dd/yyyy) /            /

(See checklist below)

**<sup>1</sup> CHECKLIST FOR CERTIFIED RETIREMENT COMMUNITY PROGRAM APPLICATION**

Please use this checklist to ensure you are sending TDA all of the required information and documentation.

- Signed and dated Texas Certified Retirement Community Program Application
- Application fee
- Completed score sheet
- Completed retiree desirability assessment to include all of the following:
  - Community overview - demographics, geography and climate
  - Texas tax structure - state and local
  - Local housing availability, opportunities and cost
  - Personal safety and crime
  - Employment opportunities
  - Health care services
  - Emergency medical services
  - Public transportation and major highways
  - Continuing education
  - Leisure living
  - Recreational areas and facilities
  - Performing arts
  - Festivals and events
  - Sports at all levels
- Letters of support from the community
- Marketing plan
- Long-term plan
- Additional information (if applicable)

**SECTION H**