Submit Application & Background Investigation to the
El Paso County Human Resources Department at:

800 E. Overland
Room 223
El Paso, TX 79901
Phone: (915) 546-2218
Fax: (915) 546-8126
Email: humanresources@epcounty.com

Board Liaison:
El Paso County Housing Authority
Beatrice Flores
Phone: (915) 764-3539
Email: admin@epcha.com
Dear Applicant,

Thank you for your interest in applying to serve as a member of the El Paso County Housing Authority Board. This packet provides the necessary information for you to familiarize yourself with the responsibilities of this board and the necessary documents to begin the application process.

We appreciate your willingness to be involved in guiding the future of this board and its function of ensuring the health and vitality of our community.

As a member of this board, you will be expected to participate in the meetings and other tasks as deemed necessary to fulfill your post. You should participate actively in meetings and seeking as much information needed to help the board come to its decisions. Please be aware of the various duties, responsibilities and the time commitment that will be required of you.

After submitting this application, it will be reviewed and if it meets the qualifications needed to fill the vacancy, your information will be submitted for approval by the El Paso County Commissioners Court.

If you have any further questions please feel free contact the County Judge’s office at (915) 546-2098. Again, thank you for your leadership and commitment.

Sincerely,

Veronica Escobar
El Paso County Judge
EL PASO COUNTY HOUSING AUTHORITY

Mission
To provide safe, decent, and affordable housing for assisted families at or below 80 percent of median income. Their tools are HACEP’s existing housing stock, private rentals under the Housing Choice Voucher Program that meet HUD’s Housing Quality Standards, and income-producing real estate ventures. They are dedicated to helping their clients achieve self-sufficiency including realizing the American dream of homeownership. HACEP also provides a variety of other programs such as education, recreation, anti-drug programs, job training, small business development, community organization and others that are designed to help residents of public housing achieve self-sufficiency and economic independence.

Duties
Each appointed member needs to attend board meetings, to oversee the financial status of the Housing Authority and to set policy.

Seats
The board is composed of five commissioners, four commissioners and a resident commissioner. All five commissioners are approved by the El Paso County Commissioners Court.

Requirements
El Paso County requires signed Oath of office after appointment and Code of Ethics training completion.

Term
Three members serve a two year term and two members serve a three year term.

Meeting Time
The board meets every 3rd Thursday of the month at the board room at 650 N. E. G Avenue, Fabens, Texas.
El Paso County Housing Authority Information

El Paso County Code of Ethics Training:
http://epcounty.com/ethicscom/training.htm
COUNTY OF EL PASO

Application for Boards, Commissions, and Committees

Name: ___________________________ Voting Precinct: ___________________________

List the Board(s), Commission(s), and/or Committee(s) you are particularly interested in:

______________________________________________________________________________

Home Address: ________________________________________________________________

STREET CITY STATE ZIP

Phone number: _______________ Cell Phone number: __________________________

E-mail address: ________________________________________________________________

PURSUANT TO TEXAS GOVERNMENT CODE, SEC. 522.021, I ELECT THAT MY HOME ADDRESS & TELEPHONE NUMBER (CHECK ONE): ☐ MAY BE RELEASED / ☐ SHALL NOT BE RELEASED TO THE PUBLIC UPON REQUEST UNDER THE TEXAS OPEN RECORDS ACT. FAILURE TO MAKE A DESIGNATION RESULTS IN INFORMATION BEING AVAILABLE FOR PUBLIC ACCESS.

Length of Residency in El Paso County: __________________________ (Years/Months)

Place of Employment: __________________________________________________________

Business Address: ______________________________________________________________

STREET CITY STATE ZIP

Telephone: (     ) ___________________ Fax Number: (     ) ___________________

Professional Background:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Educational Background:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Three (3) personal or professional references not related to you:

NAME __________________________ PHONE # __________________________ YEARS KNOWN ______

NAME __________________________ PHONE # __________________________ YEARS KNOWN ______

NAME __________________________ PHONE # __________________________ YEARS KNOWN ______

Previous volunteer organizations and/or community service:


Do you have property in El Paso County under your name? ___________ (Yes) _______ (No)

Are your property taxes currently paid? _____(Yes) _____(No) If not, please give a brief explanation:


Are you aware of any matter that could be considered a conflict that should be disclosed before you are considered for appointment?

If so, please describe the matter.


Signature: ____________________________ Date: __________

Application should be submitted to:

El Paso County Human Resource Department
ATTN: County Boards
800 E. Overland, Ste. 223
El Paso, Texas 79901
Ph. (915) 546-2218  Fax (915) 546-8126
Dear Applicant:

The County of El Paso conducts background investigations on applicants in various departments. This effort is part of the selection process and requires your authorization. By signing this document you acknowledge that you are voluntarily granting permission to the County of El Paso to conduct a background check and you authorize relevant parties to release confidential information. The information will remain confidential and will not be disclosed except ________________.

I, _______________________________, further hereby authorize the County of El Paso Human Resources Department to obtain all confidential records and information pertaining to a complete background investigation. This may include items such as (but not limited to): personal references, work references, Police Records, Sheriff Records, Driving Record, and any open record request.

<table>
<thead>
<tr>
<th>Full Legal Name</th>
<th>Maiden Name (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State/Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Driver’s License Number/State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the cities and states in which you have lived in the past 10 years.

1. ________________________________ 4. ________________________________
2. ________________________________ 5. ________________________________
3. ________________________________ 6. ________________________________

______________________________
Signature of Applicant