



RICARDO SAMANIEGO
El Paso County Judge

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 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,

Ricardo A. Samaniego
El Paso County Judge



EL PASO COUNTY

El Paso County Housing Authority Board

Mission

To ensure safe, decent and affordable housing, fiscal integrity for all participants and encourage residents self-sufficiency and economic dependence.

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, one commissioner must be a housing resident. All five commissioners are approved by the El Paso County Commissioners Court.

Requirements

El Paso County requires signed El Paso County Board of Ethics Statement of Financial Interest form, Oath of office, and Code of Ethics.

Term

2-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.

Submit Application & Background Investigation Form to the
El Paso County Administrative Department at:

500 E. San Antonio, Suite 302A
El Paso, TX 79901
Phone: (915) 546-2215
Fax: (915) 546-2217 or via email
Email: countychiefadmin@epcounty.com



El Paso County

Application for El Paso County Housing Authority Board

Name: _____ Voting Precinct: _____

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.

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:

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

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 an elected officer, county employee, county affiliate, or employed as a lobbyist? _____ (Yes) _____ (No)

If so, please specify. _____

Signature: _____ Date: _____

Application should be submitted to:

500 E. San Antonio, Suite 302A
El Paso, TX 79901
Phone: (915) 546-2215
Fax: (915) 546-2217 or via email
Email: countychiefadmin@epcounty.com



BACKGROUND INVESTIGATION AUTHORIZATION FORM
RELEASE OF CONFIDENTIAL INFORMATION

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.

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.

_____	_____
Full Legal Name	Maiden Name (If Applicable)
_____	_____
Street Address	City/State/Zip Code
_____	_____
Social Security Number	Driver's License Number/State
_____	_____
Date of Birth	Email

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Applicant