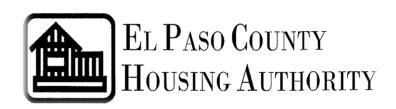


EL PASO COUNTY HOUSING AUTHORITY





BOARD OF DIRECTORS EL PASO COUNTY APPOINTMENT

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 Cristina Delgado Phone: (915) 764-3559

Email: admin@epcha.com



VERONICA ESCOBAR

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 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

500 E. San Antonio, Suite 301, El Paso, TX 79901

Phone: 915-546-2098 · Fax: 915-543-3888 · countyjudge@epcounty.com · www.epcounty.com

EL PASO COUNTY HOUSING AUTHORITY

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, four commissioners and a resident commissioner. All five commissioners are approved by the El Paso County Commissioners Court.

Requirements

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

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



Application for Boards, Commissions, and Committees

Name:	Voting Precinct:				
List the Board(s), Commis	ssion(s), and/or Com	mittee(s) you are parti	cularly inter	rested in:	
Home Address:	STREET	CITY	STATE	ZIP	
Phone number:	Cell Phone number:				
E-mail address:					
PURSUANT TO TEXAS GOV (CHECK ONE): ☐ MAY B TEXAS OPEN RECORDS AC PUBLIC ACCESS.	BE RELEASED / □ SHA	LL NOT BE RELEASED	TO THE PUB	LIC UPON REQUEST U	NDER THE
Length of Residency in El	Paso County:		(Years/Months)	
Place of Employment:					
Business Address:	STREET	CITY	STATE	ZIP	
Telephone: ()	OTKELT			211	
Professional Background:					
Educational Background:					
		-		-	

Three (3) personal or profession	al references not related	to you:	
NAME	PHONE #	YEARS KNOWN	
NAME	PHONE #	YEARS KNOWN	
NAME	PHONE#	YEARS KNOWN	
Previous volunteer organization	ns and/or community serv	vice:	
		e?(No) (Yes)(No)(No) If not, please give a brief explana	tion:
Are you aware of any matter considered for appointment? If so, please describe the matter.		ed a conflict that should be disclosed before	e you are
		_	
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



BACKGROUND INVESTIGATION AUTHORIZATION FORM RELEASE OF CONFIDENTIAL INFORMATION

Dear Applicant:

The County of El Paso conducts background investig effort is part of the selection process and requires yeacknowledge that you are voluntarily granting per- background check and you authorize relevant pa information will remain confidential and will not be d	our authorization. By signing this document you mission to the County of El Paso to conduct a rties to release confidential information. The
I,	such as (but not limited to): personal references,
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	e past 10 years.
1 4.	·
2. 5. 3. 6.	
Signature of Applicant	_