

# APPLICATION FOR APPRAISAL REVIEW BOARD APPOINTMENT

5801 Trowbridge Drive El Paso, Texas 79925-3345

Phone (915)780-2070      Fax (915)780-2130

A. APPLICANT INFORMATION							
Last Name	First Name	Middle Name					
Address	City	State	Zip				
Email Address _____ Social Security Number _____ Date of Birth _____							
Telephone Number (please indicate which one is preferred if more than one listed)							
<input type="checkbox"/> Daytime _____ <input type="checkbox"/> Evening _____ <input type="checkbox"/> Cell Phone _____							
B. APPRAISAL REVIEW BOARD QUALIFICATION STATEMENT							
<i>Please answer the following questions by checking "Yes" or "No"</i>							
1. Are you a resident of the El Paso County and have you resided within the district for the past two years? <b>An answer of "No" disqualifies you from ARB service.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
2. Are you now or have you ever been employed by, or been an officer or director of, the El Paso Central Appraisal District? <b>An answer of "Yes" disqualifies you from ARB service.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. Are you an employee of the Office of the State Comptroller of Public Accounts? <b>An answer of "Yes" disqualifies you from ARB service.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
4. Are you now or have you ever been employed by, or been an officer or member of the governing body of any taxing unit (county, city school district) served by the El Paso Central Appraisal District? If so, what was the last date you filled this position? <b>You are ineligible to serve if your term as a member of the governing body or officer of a taxing unit was less than two years ago.</b> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>						
5. Have you ever appeared before the Appraisal Review Board for compensation within the last two years? <b>An answer of "Yes" disqualifies you from ARB Service.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
6. Have you at any time served all or part of three previous terms on the appraisal review board for this district? <b>An Answer of "Yes" may disqualify you from ARB service. List the years and terms you have served:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
7. Do you, or does any relative of yours within the second degree by either blood or marriage, do business in the El Paso Central Appraisal District as a paid property tax agent, or as an appraiser who performs appraisals for use in property tax proceedings? <b>An answer of "Yes" disqualifies you from ARB service.</b> These are the degrees of relationship included: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b><i>1st Degree by Consanguinity (blood)</i></b>                      Parents    Children                 </td> <td style="width: 50%; vertical-align: top;"> <b><i>1st Degree by Affinity (marriage)</i></b>                      Spouse                      Spouses of relatives listed                      Stepparents                under consanguinity                      Spouse's children            Stepchildren                 </td> </tr> <tr> <td style="vertical-align: top;"> <b><i>2nd Degree by Consanguinity (blood)</i></b>                      Grandparents    Brothers and Sisters                      Grandchildren                 </td> <td style="vertical-align: top;"> <b><i>2nd Degree by Affinity (marriage)</i></b>                      Spouse's grandparents    Spouse's brothers &amp; sisters                 </td> </tr> </table>	<b><i>1st Degree by Consanguinity (blood)</i></b> Parents    Children	<b><i>1st Degree by Affinity (marriage)</i></b> Spouse                      Spouses of relatives listed Stepparents                under consanguinity Spouse's children            Stepchildren	<b><i>2nd Degree by Consanguinity (blood)</i></b> Grandparents    Brothers and Sisters Grandchildren	<b><i>2nd Degree by Affinity (marriage)</i></b> Spouse's grandparents    Spouse's brothers & sisters	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b><i>1st Degree by Consanguinity (blood)</i></b> Parents    Children	<b><i>1st Degree by Affinity (marriage)</i></b> Spouse                      Spouses of relatives listed Stepparents                under consanguinity Spouse's children            Stepchildren						
<b><i>2nd Degree by Consanguinity (blood)</i></b> Grandparents    Brothers and Sisters Grandchildren	<b><i>2nd Degree by Affinity (marriage)</i></b> Spouse's grandparents    Spouse's brothers & sisters						
8. Are you, or a business in which you hold a substantial interest, a party to a contract with the appraisal district or with a taxing unit in the district? A substantial interest means that you and your spouse together own at least 10% of the voting stock or shares in the business, or that either of you is a partner, limited partner, or officer of the business entity. <b>An answer of "Yes" disqualifies you from ARB service.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
9. Is any relative of either you or your spouse employed by the El Paso Central Appraisal District in any capacity, or a member of the El Paso Central Appraisal District Board of Directors? <b>An answer of "Yes" may disqualify you, depending on the relative's position and the degree of relationship.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Relatives' Name: _____							
Relative's Address: _____							
Degree of Relationship: _____							
EPCAD Position: _____							

10. You are ineligible to serve on the Appraisal Review Board if you own property on which delinquent taxes are owed to a taxing entity for more than 60 days after the date the individual knew or should have known of the delinquency unless the delinquent taxes, penalties and interest are paid under an installment agreement under Sec. 33.02 or a suit to collect the delinquent taxes are deferred or abated under Sec. 33.06 or 33.065 of the Texas Property Tax Code. Do you owe delinquent taxes not covered by an installment agreement, deferral, or abatement on any property in the State of Texas?

If "Yes" Please Explain:

Yes  No

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\_\_\_\_\_

**C. PERSONAL BACKGROUND**

1. Have you ever been convicted of a felony, or a misdemeanor involving moral turpitude, or are you presently under indictment? If "Yes", explain below the nature of the offense, date, and location: Yes  No

\_\_\_\_\_

2. Are you a U. S. Citizen? Yes  No   
 If "No", are you eligible to be employed under a visa or entry permit? Yes  No

3. Use the space below to list professional society memberships, job related licenses, registrations, certificates (with their numbers), and expiration dates. Provide additional comments or information that would be of assistance in considering you for this position.

Please check the box if you have any of the following degrees or certifications:

- |   |   |
|---|---|
| <input type="checkbox"/> Law Degree                       | <input type="checkbox"/> Accredited Senior Appraiser by American Society of Appraisers        |
| <input type="checkbox"/> MBA                              | <input type="checkbox"/> MAI Appraiser  |
| <input type="checkbox"/> Licensed CPA                     | <input type="checkbox"/> Certified Assessment Evaluator designation from IAAO                 |
| <input type="checkbox"/> Licensed Real Estate Broker      | <input type="checkbox"/> At least 10 years of property tax appraisal or consulting experience |
| <input type="checkbox"/> Licensed Real Estate Sales Agent | <input type="checkbox"/> Bachelor's Degree  |

**D. IN YOUR OWN WORDS, PLEASE EXPLAIN WHY YOU SHOULD BE CONSIDERED FOR APPOINTMENT TO THE APPRAISAL REVIEW BOARD**

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**E. AFFIRMATION**

"I affirm that the information in this application and all attachments, if any, is true and correct. I also acknowledge and authorize the performance of the necessary investigation of my background by the Taxpayer Liaison Officer. I further affirm that to the best of my knowledge and believe, I am not disqualified by law from accepting an appointment to the Appraisal Review Board."

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
 Applicant Signature Printed Name Date

ATTACH ADDITIONAL SHEETS IF NECESSARY