



# EL PASO COUNTY HOUSING AUTHORITY



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](mailto:humanresources@epcounty.com)

### Board Liaison:

El Paso County Housing Authority

Cristina Delgado

Phone: (915) 764-3559

Email: [admin@epcha.com](mailto: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,

A handwritten signature in blue ink, appearing to read "Veronica Escobar", is written over the word "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](mailto:countyjudge@epcounty.com) · [www.epcounty.com](http://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 El 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 3<sup>rd</sup> 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



**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 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.

_____ 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