

URBAN COUNTY PROGRAM

**Hidalgo County Commissioner's Court
Consent Agenda Request Form**

No. 33491

By: Eric/Irene

Date: July 30, 2012

Meeting Date Request: August 14, 2012

Deadline for Action: A.S.A.P

Contact Person: DIANA R. SERNA, DIRECTOR

Department: HOME Program

Phone: (956) 787-8127 Fax: (956) 787-5291

Diana R. Serna, Urban County Director 

Caption:

Request for approval of two (2) applicants in the Countywide area, one (1) in the City of Elsa and one (1) in the City of San Juan under the HOME Owner-Occupied Housing Rehabilitation Program.

Background:


The following families are being recommended for approval to receive assistance under the HOME Homeowner Occupied Housing Rehabilitation Program:

<u>APPLICANT</u>	<u>CASE NUMBER</u>	<u>CITY</u>	<u>FUNDING YEAR</u>	<u>LOCATION OF PROPERTY</u>
Josefa L. Capetillo Deferred Loan - Elderly Reconstruction	CW #85-11-06	Countywide Precinct # 4	HOME 2011	Lot 9, TRIPLE C Subdivision, Hidalgo County, Texas
Eujenia Vallejo Deferred Loan - Elderly Reconstruction	EL #25-11-01	Elsa Precinct # 1	HOME 2011	Lot 71, Valle Vista Subdivision an addition to the City of Elsa, Hidalgo County, Texas
Maria Flora Contreras Deferred Loan - Elderly Reconstruction	SJ #75 -11-01	San Juan Precinct # 2	HOME 2011	Lot 29, Hazel Subdivision, City of San Juan, Hidalgo County, Texas
Santos Villarreal Deferred Loan - Elderly Reconstruction	CW #85-11-07	Countywide Precinct #1	HOME 2011	Lot 6, Block 79, Hargill Townsite, Hidalgo County, Texas.

APPROVED Co. Comm. Ct.
DATE 8-14-12 

The amount of assistance to the family will be determined after receipt of bids through the procurement process. Thereafter, selection of bidders will be presented to County Commissioner's Court. Funding is available through the HOME 2011 Budget. The Urban County Program staff recommends approval of applicant's.

Please initial for approval:

Division Director, UCP Housing 
Finance Director FMM

Legal Council _____ Budget _____ Human Resources _____ Dept./Fund No. _____ Amount
Expended: \$ _____ Funds/ Staffing Budgeted: Yes _____ No _____ Amount Code: _____ Impact on Future Budget: Yes _____ No _____

Comments:

Action taken by Commissioner's Court:

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote