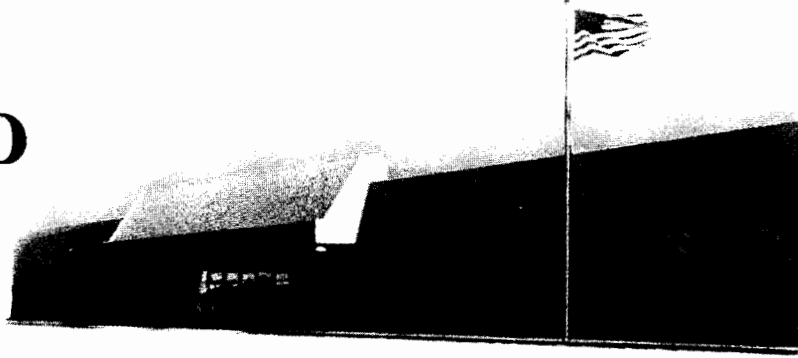


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

April 15, 2016

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

Our office has determined that the attached application(s) for a tax refund over \$2,500.00 dollars is(are) erroneous and/or excessive. The County Auditor has also agreed with our determination. As a result, I respectfully request that the Commissioner's Court approve the enclosed application(s) for a tax refund as required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

When completed, please return the attached to our office. Thank you for your assistance in this matter.

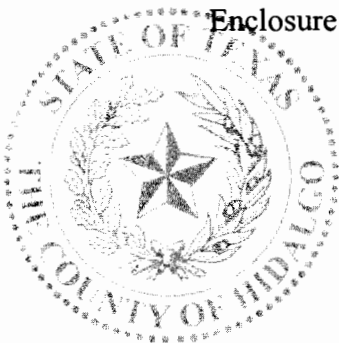
Respectfully,

Pablo (Paul) Villarreal Jr.

Pablo (Paul) Villarreal, Jr., PCC

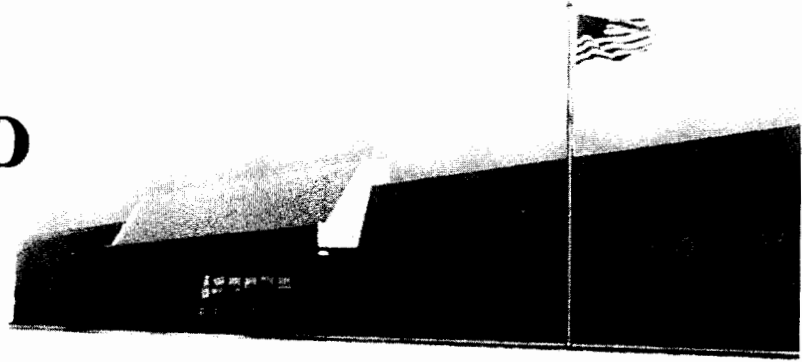
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Enclosure



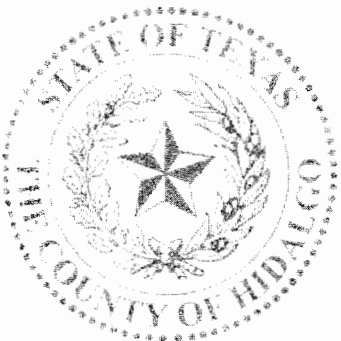
Office of Tax Assessor - Collector
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ACCOUNT NUMBER	PAYER	AMOUNT
C5830.00.000.0060.00	ROUNDPOINT MORTGAGE	\$2,747.67
E4361.00.000.0058.00	NATIONSTAR MORTGAGE LLC	\$6,050.43
J2400.00.001.0004.00	LA CRUCES MANAGEMENT LLC	\$10,342.37
L4650.00.000.0009.11	SERVICELINK OF TEXAS LLC	\$2,724.19



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

CNP
 Phone No.: (956) 318-2157
 Fax No.: 956-318-2733

Print Date: 01/22/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 4/12/16
J.C. 4/12/16

**ROUNDPOINT MORTGAGE
 SERVICING CORPORATION**
 5016 PARKWAY PLAZA BLVD
 CHARLOTTE, NC 28217

Account Number C5830-00-000-0060-00 * HCAD No. 138446 *
Legal Description of the Property CLOSNR ESTATES LOT 60 840 CLOSNR ST OWNER: GONZALEZ JUAN C III & CARMEN E HERNANDEZ

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 28: CITY OF MERCEDES, 46: MERCEDES ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

2015 OVERAGE AMOUNT \$2,747.67*
 Loan #: 88260972
1002584769

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>RoundPoint Mtg</i>	Relationship to Property Owner <i>Mtg Company</i>
	Mailing Address <i>5016 Parkway Plaza Blvd</i> City, State, Zip Code <i>Charlotte NC 28217</i>	Daytime Telephone Number <i>704 426-8934</i> Email Address: <i>Sarah.reed@roundpointmortgage.com</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2015</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>3007.36</i>
	Total tax, penalty, and interest amount owed for the year	<i>3007.36</i>
	Amount of refund claimed	<i>2747.67</i>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Sarah Reed *</i>	Date of application <i>2/17/16 *</i>
If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>4/14/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>3/10/16 *</i>

This application must be completed, signed, and submitted with supporting documentation to be valid.



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 09/17/2015

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE

DATE: 4/12/16
J. C. 4/13/16

NATIONSTAR MORTGAGE LLC
P O BOX 961229
FORT WORTH, TX 76161--980

Account Number E4361-00-000-0058-00 *
HCAD No. 592092 *
Legal Description of the Property EL JARDIN DE LAS FLORES LOT 58
3205 SAN CLEMENTE *
OWNER: BENAVIDES RAMON *

2014 OVERAGE AMOUNT \$6,050.43 *

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 0603573718

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name NATIONSTAR/CORELOGIC	Relationship to Property Owner
	Mailing Address 1 CoreLogic Drive / DFW 1-4	Daytime Telephone Number
	City, State, Zip Code Westlake, Texas-76262.	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2014</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	\$8880.54
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$6050.43
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Penny Southall *</u>	Date of application <u>03/03/2016 *</u>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>4/14/16</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/10/16 *</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733

Print Date: 01/25/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 4/12/16
Jc 4/13/16

LA CRUCES MANAGEMENT LLC
SANTA CRUZ ESCROW
 PO BOX 959
 EDINBURG, TX 78540

Account Number J2400-00-001-0004-00 ✱ HCAD No. 847911 ✱
Legal Description of the Property JACKSON TRACT AN IRR TR S371.65'-W293.50' LOT 4 BLK 1 2.44 AC GR 2.225 AC NET
OWNER: REYES NEMESIO CASTRO ✱

2015 OVERAGE AMOUNT \$10,342.37 ✱

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>Las Cruces Mgmt. Santa Cruz Escrow</i>	Relationship to Property Owner <i>Escrow Holder</i>
	Mailing Address <i>P. BOX 959</i>	Daytime Telephone Number <i>452-383-0868</i>
City, State, Zip Code <i>Edinburg TX 78540</i>		Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2015</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>10,922.20</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input checked="" type="checkbox"/> Transfer this amount to account <i>431530000000100</i>	For tax year <i>2015</i>
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application <i>2/17/16 ✱</i>
If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>4/14/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>3/8/16 ✱</i>

This application must be completed, signed, and submitted with supporting documentation to be valid.



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 01/15/2016

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE

DATE: 4/12/16

J.C. 4/13/16

SERVICELINK OF TEXAS LLC
ESCROW TRUST ACCOUNT
1320 GREENWAY DRIVE SUITE 300
IRVING, TX 75038

Account Number L4650-00-000-0009-11 * HCAD No. 218908 *
Legal Description of the Property LINDA VISTA N159.4' LOT 9 & S19.82' LOT 10 6.0 AC GR 5.86 AC NET BENTSEN PALM OWNER: TREVINO ELETICIA & JUAN D *

2015 OVERAGE AMOUNT \$2,724.19 *

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 49: LA JOYA ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 20066994

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

ATTN: ORIGINATIONS DISBURSEMENTS

1320 GREENWAY DR., SUITE 300
 IRVING, TX 75038

Relationship to Property Owner

Title Agent

Daytime Telephone Number

682 223 5321

Email Address:

Tanisha.Stafford@sucInk.com

Step 1: Identify the Payer requesting the refund if different than shown above

Service link of TX

Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.

I paid the taxes for year 2015 and am the party entitled to the refund.

Step 3: Mark the reason for the refund and provide a brief explanation

Overpaid the account

Duplicate payment *Please provide details on the payment breakdown*

Paid in error (explain)

Step 4: Provide payment information

Total amount paid by this taxpayer

3006.21

Total tax, penalty, and interest amount owed for the year

3006.21

Amount of refund claimed

2724.19

Step 5: How should the refund be processed?

Mail to Property Owner

Mail to Payer at address in Step 1

Transfer this amount to account

For tax year

Escrow for next year's taxes

Step 6: Sign the application form. Unsigned applications will not be processed.

By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct

SIGN
HERE

[Signature]

Date of application

*03/04/2016 **

If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10

AUDITORS USE ONLY:

Approved

Denied

By:

[Signature]

Date:

4/14/16

TAX OFFICE USE ONLY:

Approved

Denied

By:

Date:

*3/10/16 **

This application must be completed, signed, and submitted with supporting documentation to be valid.