

RESOLUTION

A RESOLUTION OF THE COUNTY OF HIDALGO, AUTHORIZING THE SUBMISSION OF A TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA) COMMUNITY DEVELOPMENT BLOCK GRANT CARE ACT (CDBG-CV) APPLICATION AND AUTHORIZING THE COUNTY JUDGE TO ACT AS THE COUNTY'S AUTHORIZED SIGNATORY IN ALL MATTERS PERTAINING TO THE TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP).

WHEREAS, the Commissioners' Court of the County of Hidalgo is desirous to continue providing rental assistance to low-income families impacted by COVID-19; and

WHEREAS, the TDHCA – CDBG-CV has made funding available for the implementation of The Texas Emergency Rental Assistance Program and related activities

NOW THEREFORE, IT IS HEREBY RESOLVED AND ORDERED BY THE COMMISSIONERS' COURT OF THE COUNTY OF HIDALGO, TEXAS:

1. That the Hidalgo County Urban County Program be and hereby is authorized to submit and implement an application to the Texas Department of Housing and Community Affairs – Texas Emergency Rental Assistance Program.
2. That the Commissioners' Court directs and designates the County Judge as the County's Authorized Signatory to act in all matters in connection with this application and the County's participation in the Texas Community Development Block Grant CARE Act – Emergency Rental Assistance Program

BE IT FURTHER RESOLVED that Hidalgo County Judge, Richard F. Cortez, be and is hereby authorized to sign any and all documents and do all other acts necessary to carry this Resolution into effect.

PASSED AND APPROVED at a meeting of the County Commissioners' Court of the County of Hidalgo, on the 15th day of December, 2020.

Richard F. Cortez, Hidalgo County Judge

ATTESTED BY:

Arturo Guajardo, Jr.
Hidalgo County Clerk

For Comptroller's Use Only		

Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

Transaction Types

SECTION 1	1. Select transaction types:	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)	
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Change custodial agency _____	

Payee Identification

SECTION 2	2. Payee type	3. Identification number	4. Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee	<input checked="" type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Social Security number (SSN)*
	<input checked="" type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Employer Identification Number (EIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)
	5. Payee name	6. Phone (Area code and number)	
Hidalgo County Urban County Program		(956) 787-8127 ext.	
7. Mailing address (Street, city, state and ZIP code)			
1916 Tesoro Street		Pharr TX	78577

New Account Information (Setups and Changes) (Completion by financial institution is recommended)

SECTION 3	8. Financial institution name	9. City	10. State
	Lone Star National Bank	McAllen	TX
	11. Routing number (9 digits)	12. Customer account number (maximum 17 characters)	13. Account type
	1 1 4 9 - 1 1 6 8 - 7	7 1 0 1 5 6 7 1	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
14. Financial representative name (optional)		15. Title (optional)	
Jennice Sarmiento		Lending Specialist	
16. Financial representative signature (optional)		17. Phone (Area code and number) (optional)	18. Date (optional)
		(956) 984-2948 ext.	

Existing Account Information (Changes Only)

SEC 4	19. Routing number (9 digits)	20. Customer account number (maximum 17 characters)	21. Account type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

International Payments Verification (required)

SEC 5	22. Will these payments be forwarded to a financial institution outside the United States?.....	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).		

Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to electronically deposit my payments from the state of Texas to my financial institution. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	23. Authorized signature	24. Printed name	25. Date
	sign here	Richard F. Cortez	12/15/2020

Cancellation by Agency (for state agency use)

SEC 7	26. Reason	27. Date

State Agency Contact (for state agency use)

SECTION 8	28. Authorized signature	29. Date
	30. Phone (Area code and number)	31. Agency number
	() ext. 332	
	32. Agency name	
Texas Department of Housing and Community Affairs		
33. Comments		

34. Please return to the paying agency at the following address:
Texas Department of Housing and Community Affairs Accounts Payable/Direct Deposit Program 221 East 11th Street Austin, TX 78701-2410 Phone: 512-475-3800