

## 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 MORTGAGE ASSISTANCE PROGRAM (TEMAP).**

**WHEREAS**, the Commissioners' Court of the County of Hidalgo is desirous to continue providing mortgage 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 Mortgage 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 Mortgage 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 Mortgage 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 30<sup>th</sup> day of March, 2021.

\_\_\_\_\_  
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 type="checkbox"/> Social Security number (SSN)*			
	<input checked="" type="checkbox"/> Vendor or other recipient		<input checked="" type="checkbox"/> Texas Identification Number (TIN)		<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	
			<input type="checkbox"/> Employer Identification Number (EIN)		7 4 - 6 0 0 0 7 1 7 6	
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)		
Beatriz Elizondo				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		3/30/2021	

## 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	
	sign here			
	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	

# Application for Texas Identification Number

• See instructions on back

1. Is this a new account?  YES Mail Code 000  NO Enter Mail Code \_\_\_\_\_ Agency number \_\_\_\_\_  
Complete Sections 1 - 5 Complete Sections 1, 2 & 5

**Section 1**

2. Texas Identification Number (TIN) - Indicate the type of number you are providing to be used for your TIN

Employer Identification Number (EIN) (9 digits)

Social Security number (SSN) (9 digits)

Individual Taxpayer Identification Number (ITIN) (9 digits)

Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits)

Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)

Enter the number indicated 7 4 - 2 5 1 2 9 0 5 7

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?  YES  NO If "YES," enter Texas Taxpayer Number \_\_\_\_\_

**Section 2**

Payee Information (Please type or print)

4. Name of payee (Individual or business to be paid)  
Hidalgo County Urban County Program

5. Mailing address where you want to receive payments  
1916 Tesoro Street

6. (Optional) \_\_\_\_\_

7. (Optional) \_\_\_\_\_

8. (Optional) \_\_\_\_\_

9. City Pharr State T, X ZIP Code 7 8 5 7 7 - 7 5 8 0

10. Payee telephone number (Area code and number) ( 9 5 6 ) 7 8 7 - 8 1 2 7 SIC code \_\_\_\_\_ Security type code ( 0, 1, 2 ) Zone code \_\_\_\_\_

**Section 3**

11. Ownership Codes - Check only one code by the appropriate ownership type that applies to you or your business.

I - Individual Recipient (not owning a business)

S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)  
Owner's name \_\_\_\_\_  
SSN / ITIN (9 digits) \_\_\_\_\_

P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).  
Name \_\_\_\_\_  
SSN / ITIN / EIN (9 digits) \_\_\_\_\_  
Name \_\_\_\_\_  
SSN / ITIN / EIN (9 digits) \_\_\_\_\_

L - Texas Limited Partnership: If checked, enter the Texas File Number \_\_\_\_\_

T - Texas Corporation: If checked, enter the Texas File Number \_\_\_\_\_

A - Professional Association: If checked, enter the Texas File Number \_\_\_\_\_

C - Professional Corporation: If checked, enter the Texas File Number \_\_\_\_\_

O - Out-of-State Corporation

G - Governmental Entity

U - State agency / University

F - Financial Institution

R - Foreign (out of U.S.A.)

N - Other: If checked, explain. \_\_\_\_\_

**Section 4**

12. Payment Assignment?  YES  NO Note: A copy of the assignment agreement between payees must be attached.

Assignee name \_\_\_\_\_

Assignee TIN \_\_\_\_\_ Assignment date \_\_\_\_\_

**Section 5**

13. Comments \_\_\_\_\_

14. **sign here** \_\_\_\_\_  
Authorized signature (Applicant or authorized agent) Date \_\_\_\_\_

15. Hidalgo County Urban County Program Prepared by Patricio R. Avila Phone (Area code and number) (956) 787-8127