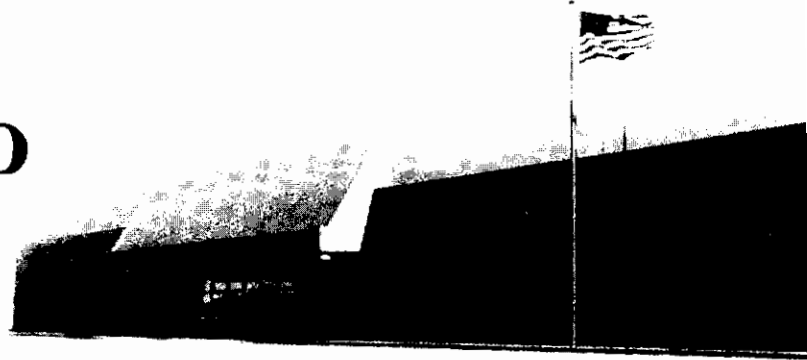


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R7A*



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

November 29, 2022

The Honorable Richard F. Cortez  
Hidalgo County Commissioners  
Edinburg, Texas 78539

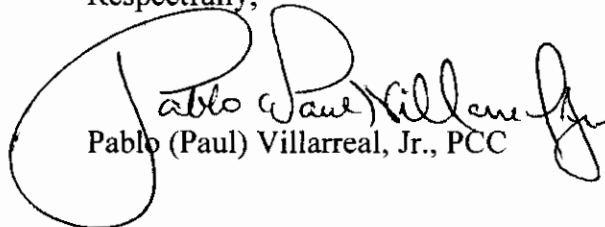
Re: See attached list

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.

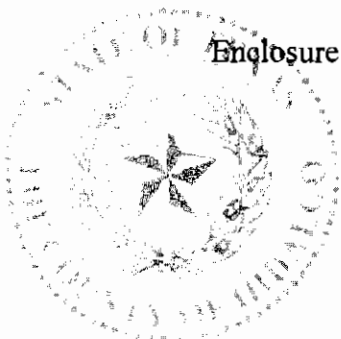
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

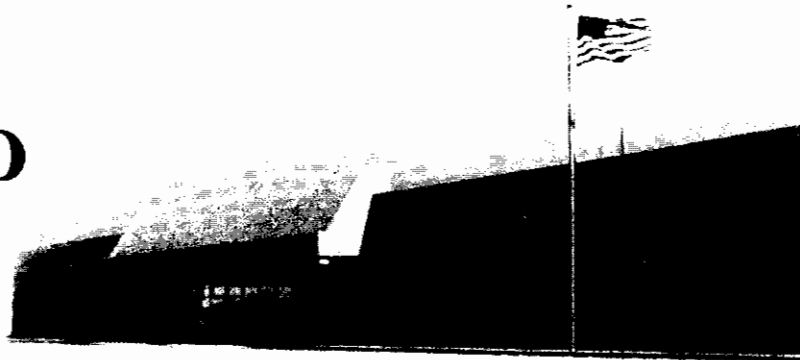
JVR

Enclosure



Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



P.O. Box 178  
Edinburg, Texas 78540-0178  
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ACCOUNT NUMBER	PAYER	AMOUNT
J1839.02.000.0022.00	YARDI SYSTEMS INC-MORTGAGE RELIEF FUND	\$3,994.75
L3074.01.000.0048.00	CORELOGIC	\$4,545.90
N4855.02.000.0142.00	WELLS FARGO	\$3,452.73
N8600.00.004.0049.00	YARDI SYSTEMS INC-MORTGAGE RELIEF FUND	\$7,027.16
S2544.01.000.0015.00	REMCO TRANSMISSION PARTS	\$3,000.00
T5438.01.003.0041.00	RENE RUIZ	\$6,188.55





**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: 05/19/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres

DATE: 11/1/2022 11/09/22 CM

RCIII 11/18/2022

**YARDI SYSTEMS INC-MORTGAGE RELIEF FUND**  
**12301 RESEARCH BLVD BLDG 4** ✓  
**SUITE 100**  
**AUSTIN, TX 78759**

Account Number J1839-02-000-0022-00 ✓ HCAD No. 721928 ✓
Legal Description of the Property J.R. PH 2 LOT 22  7816 ALICIA DR ✓  OWNER: SALINAS BERTHA ✓
<b>2021 OVERAGE AMOUNT \$3,994.75</b> ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 42: EDCOUCH-ELSA ISD, 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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	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 _____ 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	
	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 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	Date of application
	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>David Jorg</u> Date: <u>11/28/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Pablo Villarreal</u> Date: <u>10/13/22</u>

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

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>		Collecting tax for: (Tax Units) GHD-SST-DRI-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SFB-SLV-SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) <b>P O BOX 178</b>		Phone (area code and number) <b>(956) 318-2157</b>				
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>						
<b>To apply for a tax refund, the taxpayer must complete the following</b>						
<b>Step 1: Owner's name and address</b>	Owner's name <b>DE LEON PAOLA (PD BY: CORELOGIC)</b> ✓					
	Present mailing address (number and street) <b>2510 E RETAMA</b>					
	City, town or post office, state, ZIP code <b>HIDALGO, TX 78557-3915</b>	Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): <b>LAS ARBOLEDAS DE HIDALGO PH 1 LOT 48</b>						
<b>Step 2: Describe the property</b>	Address or location of property: <b>2610 E PALO BLANCO ST</b> ✓					
	<b>704983</b>					
	Account number of property: <b>L3074.01.000.0048.00</b> ✓	OR	Tax receipt number: <b>48918755</b>			
<b>Step 3: Give the tax payment information</b>	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES	2021 ✓	12/29 / 2021	\$ 4,545.90	\$ 4,545.90 ✓	
	2.		/	\$	\$	
	3.		/	\$	\$	
	4.		/	\$	\$	
	5. TOTAL		/	\$	\$	
Taxpayer's reason for refund (attach supporting documentation): <b>PAYER PAID ON INCORRECT PARCEL, REQUEST THEIR FUNDS BACK. CORRECT PARCEL PAID IN FULL</b>						
<b>JVR</b>						
<b>Step 4: sign the form</b>	"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 <u><i>Paola</i></u> ✓			Date of application for tax refund <b>10/14/22</b>	
	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.					
<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
	sign here	Authorized officer <u><i>Linda Jorg</i></u>			Date <b>11/28/2022</b>	
	sign here	Collector(s) of taxing units for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) <u><i>Jane Tillman</i></u> ✓			Date <b>10/13/22</b>	



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) 318-3157  
 Fax No.: 956-318-2733  
 Print Date: 12/20/2021

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 11-1-2022 11/17/22 CM

RCIII 11/18/2022

0486261407  
**SECOND  
 NOTICE**

WELLS FARGO  
 MAC X2302-011  
 1 HOME CAMPUS  
 DES MOINES, IA 50328-400

AUG 29 2022

Account Number N4855-02-000-0142-00 HCAD No. 648951
Legal Description of the Property NORTHGATE MANOR PH 2 LOT 142 110 SAN MARCOS AVE
OWNER: YBARRA NORMA M

2021 OVERAGE AMOUNT \$3,452.73

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 43: PHARR, SAN JUAN, LAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loss #: 938-0486261407 PIF

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 31.11e 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 \$300.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Josephine Campos On behalf of Wells Fargo</u>	Relationship to Property Owner <u>previous mortgage company</u>
	Mailing Address <u>1 Home Campus ATTN: Financial Support MAC F2302-040</u>	Daytime Telephone Number <u>210-812-4120</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code <u>Des Moines IA 50328</u>	Email Address: <u>josephine.campos@wellsfargo.com</u>
	I paid the taxes for year <u>12/2021</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 checked="" 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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner <u>NORMA M YBARRA 110 SAN MARCOS SAN JUAN TX 78589</u>	
	<input 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 date 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>[Signature]</u>	Date of application <u>10/05/22</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>11/28/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>10/13/22</u>

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

46v121

**MAIL**

OCT 06 2022

Hidalgo County Tax Office  
 Received

4/4



**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: 07/13/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.  
 DATE: 11/14/2022 11/18/22 CM

RCIII 11/18/2022

**YARDI SYSTEMS INC-MORTGAGE RELIEF FUND** ✖  
**12301 RESEARCH BLVD BLDG 4**  
**SUITE 100**  
**AUSTIN, TX 78759**

Account Number N8600-00-004-0049-00 ✖ HCAD No. 249980 ✖
Legal Description of the Property NUEVO ALTON LOT 49 BLK 4 814 OAK ST
OWNER: GUZMAN MARIA C ✖

2021 OVERAGE AMOUNT \$7,027.16 ✖

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 21: CITY OF ALTON, 48: MISSION 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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	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 _____ 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	
	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 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	Date of application
	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>Chonda Jorg</u> Date: <u>11/28/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>10/13/22</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: 02/09/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 11-10-2022 11/17/22 CM

RC// 11/18/2022

# SECOND NOTICE

REMCO TRANSMISSION PARTS ✕  
 301 N 23 ST  
 MCALLEN TX 78501  
 SEP 26 2022

Account Number S2544-01-000-0015-00 ✕ HCAD No. 689550
Legal Description of the Property SHARYLAND PLANTATION VILLAGE SEVILLA PH 1 LOT 15 3401 SANTA MONICA OWNER: DELGADO HUMBERTO COSIO ✕

2021 OVERAGE AMOUNT \$3,000.00 ✕

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 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 <u>Humberto Cosio Delgado</u> ✕	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>3401 Santa Monica</u>	Daytime Telephone Number <u>956 249 9529</u>
	City, State, Zip Code <u>MISSION TX 78572</u>	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 _____ 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 checked="" 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	<u>7,826.14</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$3,000</u>
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 type="checkbox"/> Transfer this amount to account	For tax year
	<input checked="" 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 	Date of application <u>10-04-2022</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>11/28/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By <u>[Signature]</u> Date: <u>10/13/22</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: 04/22/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez  
 DATE: 11/02/2022 11/14/22 CSO

# SECOND NOTICE

RCIII 11/18/2022

RENE RUIZ ✓  
 1118 BUENA SUERTE  
 WESLACO, TX 78596

SEP 28 2022

Account Number T5438-01-003-0041-00	✓
HCAD No. 566937	✓
Legal Description of the Property TIERRA SANTA GOLF CLB & COMMUNITY PH I LOT 41 BLK 3	
1518 TIERRA BELLA	
OWNER: MAJESTIC BUILDERS LLC	✓
2021 OVERAGE AMOUNT \$6,188.55	

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 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 <u>RENE RUIZ</u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>1118 BUENASUERTE</u>	Daytime Telephone Number <u>956 998 6226</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code <u>WESLACO TX, 78596</u>	
	Email Address: <u>MAJESTICBUILDERS@GMAIL.COM</u>	
Step 3: Mark the reason for the refund and provide a brief explanation	I paid the taxes for year <u>2021</u> and am the party entitled to the refund.	
	Overpaid the account	✓
	Duplicate payment	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>6188.55</u>
	Total tax, penalty, and interest amount owed for the year	<u>0</u>
	Amount of refund claimed	<u>6188.55</u>
Step 5: How should the refund be processed?	<del>Transfer this amount to account</del>	
	Mail to Payer at address in Step 1 <input checked="" type="checkbox"/> <input type="checkbox"/>	
	<del>Factor for non-payment taxes</del>	
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>Rene Ruiz</u>	Date of application <u>10/4/22</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>Danda Jago</u> Date: <u>11/28/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>10/13/22</u>

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