

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.
Hidalgo County Tax Assessor-Collector

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

January 22, 2024

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

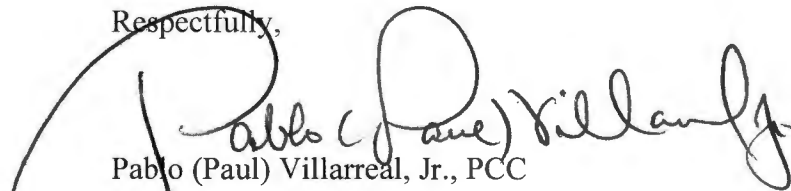
Re: See attached list

Commissioners Court:

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

KGR
Enclosure



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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|--|------------|
| L1956.01.000.0006.00 | FARAH ELVARD | \$2,955.06 |
| L3130.02.000.0061.00 | ADELIA MARTINEZ | \$1,098.21 |
| S0557.01.000.0103.00 | ANGELINA LOPEZ | \$240.04 |
| T5453.00.000.0006.00 | YARDI SYSTEMS INC-MORTGAGE RELIEF FUND | \$3,000.48 |





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: 07/17/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.
 DATE: 12/15/2023 CM
01/08/2024

1/9/2024

FARAH ELVARD ✓
 1301 YORK RD
 LUTHERVILLE TIMONIUM, MD 21093

Account Number
 L1956-01-000-0006-00 ✓
 HCAD No. 20407320 ✓

Legal Description of the Property
 LA SIENNA DEVELOPMENT THE COVES PH 1
 SEC 1 LOT 6 - AMENDED
 4112 STILLWATER COVE

OWNER: SAINT JEAN MARIE E ✓

2022 OVERAGE AMOUNT ✓ \$2,955.06 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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 <u>FARAH ELVARD</u> ✓ | Relationship to Property Owner <u>DAUGHTER</u> |
| | Mailing Address <u>3031 SAINT PAUL ST APT 2</u> | Daytime Telephone Number <u>410-428-1754</u> |
| | City, State, Zip Code <u>Baltimore MD</u> | Email Address: <u>FELVARD@gmail.com</u> |
| Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer. | I paid the taxes for year <u>2022</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 | <u>\$ 8631.91</u> |
| | Total tax, penalty, and interest amount owed for the year | <u>\$ 8772.71</u> |
| | Amount of refund claimed | <u>\$ 2955.06</u> |
| 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>Farah Elvard</u> ✓ | Date of application <u>10/12/23</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>1/16/2024</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>[Signature]</u> ✓ Date: <u>11/17/23</u> |

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

APPLICATION FOR TAX REFUND

| | | |
|---|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | <i>[Signature]</i> 1/9/2024 | Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC |
| Present mailing address (number and street) P O BOX 178 | HIDALGO COUNTY AUDITOR'S OFFICE | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | APPROVED BY: E.L. DATE: 12/19/2023 <i>CM</i> 01/09/2024 | Phone (area code and number) (956) 318-2157 |

To apply for a tax refund, the taxpayer must complete the following

| | |
|--|---|
| Step 1: Owner's name and address | Owner's name MARTINEZ JOEL ✓ ADELIA MARTINEZ (PD BY: ADELIA MARTINEZ) |
| | Present mailing address (number and street) PO BOX 3693 |
| | City, town or post office, state, ZIP code SAN JUAN, TX 78589-7582 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **LAS BRISAS DE SAN JUAN UT NO. 2 LOT 61**

| | |
|---|--|
| Step 2: Describe the property | Address or location of property: |
| | 54035817 ✓ 215998 |
| | Account number of property: Tax receipt number: |
| | L3130.02.000.0061.00 ✓ OR 54035817 / 54035842 |

| Step 3: Give the tax payment information | 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 | 2022 ✓ | 07/17 / 2023 | \$ 549.07 | \$ 549.07 ✓ |
| | 2. | 2022 ✓ | 07/17 / 2023 | \$ 549.14 | \$ 549.14 ✓ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ ✓ | \$ 1,098.21 ✓ |

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR:**

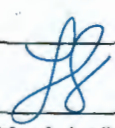
TITLE COMPANY STATES PROPERTY WAS SOLD AND TAXES WERE COLLECTED DURING CLOSING BR

| | | |
|---------------------------------|--|--|
| Step 4: sign the 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." | |
| | Signature <i>Adelia Martinez</i> ✓ | Date of application for tax refund 11-9-23 |

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.

| | | |
|--|---|--------------------------|
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| | Authorized officer <i>[Signature]</i> | Date 1/16/2024 |
| | Collector(s) of taxing unit(s) for refund applications over (Insert amount for which governing body approval is required under Section 31.11, Tax code) <i>Janet Hillman</i> ✓ | Date 11/17/23 |

APPLICATION FOR TAX REFUND

| | | | | | | |
|---|--|---|-------------------------------|----------------------------|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | | Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC | | | | |
| Present mailing address (number and street) P O BOX 178 | | Phone (area code and number) (956) 318-2157 | | | | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | | | | | | |
| To apply for a tax refund, the taxpayer must complete the following | | | | | | |
| Step 1: | | HIDALGO COUNTY AUDITOR'S OFFICE | | | | |
| Owner's name and address | Owner's name DE LOS SANTOS JESUS ✓ | APPROVED BY: E.L. | | | | |
| | Present mailing address (number and street) SAN JUANA HERNANDEZ (PAID BY: ANGELINA LOPEZ) | DATE: 11/3/2023 <i>CM</i> 12/06/2023 | | | | |
| | City, town or post office, state, ZIP code 7402 CARRICERO ST EDINBURG, TX 78542-3651 | Phone (area code and number) 1/9/2024 | | | | |
| Legal description (or attach copy of the tax bill or tax receipt): SAN CRISTOBAL PH 1 LOT 103 | | | | | | |
| Step 2: Describe the property | Address or location of property: 7402 CARRICERO ST | | | | | |
| | 687552 ✓ | | | | | |
| | Account number of property: | Tax receipt number: | | | | |
| | S0557.01.000.0103.00 ✓ | OR | 5072510 | | | |
| Step 3: Give the tax payment information | 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 ✓ | 06/03 / 2022 | \$ 240.04 | \$ 240.04 ✓ | |
| | 2. | | / | \$ | \$ | |
| | 3. | | / | \$ | \$ | |
| | 4. | | / | \$ | \$ | |
| | 5. TOTAL | | / | \$ | \$ 240.04 ✓ | |
| Taxpayer's reason for refund (attach supporting documentation): PAYER PAID IN ERROR ON WRONG ACCOUNT WOULD LIKE FUNDS TO BE REFUNDED TO HER. | | | | | | |
| JVR | | | | | | |
| Step 4: sign the 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 Angelina Lopez ✓ | | | Date of application for tax refund 10/16/2023 | |
| | 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. | | | | | |
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | |
| | sign here | Authorized officer  | | | Date 1/16/2024 | |
| | sign here | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) Jane Salton ✓ | | | Date 10/17/23 | |



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 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: 05/12/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres

[Signature] 1/9/2024

DATE: 12/18/2023 CM 01/08/2024

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

| |
|---|
| Account Number TS453-00-000-0006-00 ✓ HCAD No. 545933 ✓ |
| Legal Description of the Property TIFFANY TERRACE LOT 6 ✓ 1922 TIFFANY DR 78574 ✓ |
| OWNER: GARZA ARNULFO & MARGARITA ✓ 2021 OVERAGE AMOUNT ✓\$3,000.48 ✓ |

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 49: LA JOYA ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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| | | |
|--|---|--|
| 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) | |
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| | 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 |
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| | 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: <i>[Signature]</i> Date: 1/16/2024 |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: 12/18/23 |

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

As per the Tax Office there will be no signed application nor Affidavit. Yardi's letter will suffice. Please see attached the email from the tax office. -AT 12/18/2023