

Return Completed Application To:  
 Comal Appraisal Review Board  
 Appointment Application  
 Processing 900 S. Seguin Ave,  
 New Braunfels, Texas 78130

# APPLICATION FOR MEMBER/AUXILIARY MEMBER APPOINTMENT TO THE COMAL APPRAISAL REVIEW BOARD(CARB)

Read and answer each question carefully. Your answers will be used to determine your eligibility for appointment and qualifications for service on the board.

## 1. Applicant Information

Name (Last, First, Middle Initial)

Telephone Number (area code and number)

Daytime (     )

Evening(     )

Cell (     )

Current Mailing Address (number, street or P.O. Box)

(Primary Residence) Street Address if different from above

E-mail Address

City

State

Zip Code

Social Security Number

Texas Drivers License Number

## 2. Service Required

**\*\*\*A person is ineligible to serve on the CARB, if the person served for all or part of three previous terms as a CARB member or auxiliary board member.\*\*\***

CARB hearings begin in May. You may be required to work full days, every day, Monday – Saturday, until hearings are complete. Regular CARB meetings as well as supplemental hearings will be held monthly during the remainder of the year. Full time commitments are required May – September.

Once appointed, would you be willing to resign your position as a CARB member if you discover that, due to business or other commitments, you would no longer be able to serve the required days during the CARB hearing process?

Yes  No  If no, please explain \_\_\_\_\_

## 3. Education and Training

Name of School, City, State (High school and college)	Dates Attended Mo./Yr. to Mo./Yr.	Major / Minor	Semester Hours Earned	Type of Diploma or Degree Awarded

List any other training, technical skills (i.e. excel, word etc), qualities, or attributes you consider relevant, including offices held, awards, honors, professional memberships, licenses, etc.

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Please check the box, if you have any of the following degrees or certifications:

- |   |   |
|---|---|
| <input type="checkbox"/> Law Degree                       | <input type="checkbox"/> Accredited Senior Appraiser by American Society of Appraisers        |
| <input type="checkbox"/> MBA                              | <input type="checkbox"/> MAI Appraiser  |
| <input type="checkbox"/> Licensed CPA                     | <input type="checkbox"/> Certified Assessment Evaluator designation from IAAO                 |
| <input type="checkbox"/> Licensed Real Estate Broker      | <input type="checkbox"/> At least 10 years of property tax appraisal or consulting experience |
| <input type="checkbox"/> Licensed Real Estate Sales Agent |   |

<b>4. Employment History (Past 10 Years)</b>
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Present/Most Recent Employer	Position
Address	Dates Employed (From mo./yr. to mo./yr.)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised Directly _____ Indirectly _____	Reason for Leaving
Summary of Duties	

Present/Most Recent Employer	Position
Address	Dates Employed (From mo./yr. to mo./yr.)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised Directly _____ Indirectly _____	Reason for Leaving
Summary of Duties	

Present/Most Recent Employer	Position
Address	Dates Employed (From mo./yr. to mo./yr.)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised Directly _____ Indirectly _____	Reason for Leaving
Summary of Duties	

## 5. Eligibility and Conflict of Interest Disclosure

In order to ensure that CARB members are impartial, the law puts a number of limits on who can serve as CARB members. Your answers to these questions will determine whether you are legally eligible to serve on the CARB.

For the purposes of these questions:

- A "**local government**" is a governmental entity that levies property taxes, such as a county, city, school district, junior college, hospital district, municipal utility district, or other special district.
- "**Appraisal District**" refers to the Comal Appraisal District (CAD) and to any other appraisal district in the State of Texas.
- "**Governing body**" means the group of officials that oversee a local government, such as a city council, county commissioners' court, school board of trustees, or board of directors.
- "**Officer**" means holding an elected or appointed office for a local government, such as governing body member, chief executive officer, judge, tax assessor, business manager, superintendent, etc., and includes an election judge, alternate election judge, and election clerk who serve in conducting a general election.
- "**Part-time employee**" includes a substitute teacher.
- "**Contract**" means an agreement of any sort.
- "**Substantial interest**" means combined ownership by you and your spouse of at least 10% of the voting stock or shares of a business entity, or that you or your spouse is a partner, limited partner, or officer of the business entity.

**Check "Yes" or "No". If you are not sure, write "not sure".**

1. Do you reside in Comal County? \_\_\_\_\_ 1. Yes  No
2. Have you resided in Comal County for at least two years? \_\_\_\_\_ 2. Yes  No
3. Are you currently a member of a governing body or an officer of a local government or an appraisal district? \_\_\_\_\_ 3. Yes  No
4. Are you currently employed, either full or part-time, by a local government or an appraisal district? \_\_\_\_\_ 4. Yes  No
5. Are you *currently* employed, either full or part-time, by the Texas Comptroller of Public Accounts? \_\_\_\_\_ 5. Yes  No
6. Are you a former employee or member of the Board of Directors of the CAD? \_\_\_\_\_ 6. Yes  No
7. Are you a former member of the governing body or officer of a local government served by the CAD, and you left the office within the last four years? (Check "No" if you have been out of office more than four years) \_\_\_\_\_ 7. Yes  No
8. Are you *currently* a member of the Appraisal Review Board of another appraisal district? \_\_\_\_\_ 8. Yes  No
9. Is anyone who is related to you by blood or marriage employed by the CAD? \_\_\_\_\_ 9. Yes  No   
9a. If "Yes", give name and relationship \_\_\_\_\_
10. Do you have a spouse, parent, child, son-in-law, daughter-in-law, grandparent, grandchild, spouse of a grandchild, or brother or sister, spouse of a brother or sister, step-child, step-parent, father-in-law, mother-in-law, or a brother or sister of your spouse who:
  - a. Is a member of the Board of Directors or an officer or employee of the CAD? \_\_\_\_\_ 10a. Yes  No
  - b. Does business with the CAD as a paid property tax consultant? \_\_\_\_\_ 10b. Yes  No
  - c. Performs appraisals for use in the property tax proceedings in the CAD? \_\_\_\_\_ 10c. Yes  No
  - d. Is currently serving as a member of CARB? \_\_\_\_\_ 10d. Yes  No
11. **Have you previously served all or part of three terms as a member of CARB?** \_\_\_\_\_ **11. Yes  No**
12. Have you, in the past two years, appeared before the CARB for compensation (i.e., tax consultant, accountant, or representative of a property owner)? \_\_\_\_\_ 12. Yes  No
13. Do you or your spouse have a contract with a local government or an appraisal district? \_\_\_\_\_ 13. Yes  No

14. Does a business in which you or your spouse own a substantial interest have a contract with a local government or an appraisal district? \_\_\_\_\_ 14. Yes  No

15. Are you presently under a criminal charge or indictment or have previously been convicted of a felony or a misdemeanor involving moral turpitude? \_\_\_\_\_ 15. Yes  No   
 15a. If "Yes", explain: \_\_\_\_\_

16. Are you a U. S. citizen? \_\_\_\_\_ 16. Yes  No   
 16a. If you answered "No" to Question 16, are you eligible to be employed under visa or entry permit? \_\_\_\_\_ 16a. Yes  No

**An answer of "No" to questions 1, 2, or 16a or an answer of "Yes" to questions 3-15 indicates that you are not legally eligible to serve on the TARB.**

**6. Delinquent Taxes**

In the space below, **you must provide the CAD account number(s) and location address for all properties** (real, mineral and business personal) you currently own, in whole or part. Include: real property, business personal property and mineral accounts, community property and property owned by partnerships or sole proprietorships, provide the business name, if applicable.

17. Are taxes delinquent on any of these properties? \_\_\_\_\_ 17. Yes  No   
 If yes, complete shaded sections below.

Account Number	Location Address	Owner or Business Name	Years for which taxes are owed (if applicable)	Entities to which taxes are owed (if applicable)

Attach separate list if additional room is necessary.

**7. Why Do You Want To Serve?**

Briefly state why you should be considered for appointment to the CARB.

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If appointed by the Administrative Law Judge, would you be willing to serve as : ARB Chairperson? Yes  No   
 ARB Secretary? Yes  No

**8. Signature and Affirmation**

I have read this application carefully. The information given is true and correct. I understand that omitting or misrepresenting information could result in failure to consider this application. I also understand it is a criminal violation to make a false statement on this application.

I affirm, the information contained in this application and all attachments, if any, is true and accurate, and authorize the CARB or its representative to verify the statements I have made. I further affirm that, to the best of my knowledge and belief, I am not disqualified by law from accepting an appointment to the CARB. I am aware and agree, I will be an independent contractor and not an employee of CAD or CARB.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date