



## ROBERT K. SCHAFFER

LOCAL ADMINISTRATIVE JUDGE  
HARRIS COUNTY DISTRICT COURTS

Dear Applicant:

Attached is an application for appointment to the Appraisal Review Board ("ARB") for the Harris County Appraisal District.

The ARB is a citizen board of Harris County residents that sits in panels of three to hear testimony and review evidence in order to determine property owner protests which cannot be resolved administratively by the appraisal district staff.

It is important that you understand this is a full-time commitment during the summer and fall months. You must be available for service each weekday and some Saturdays from May through October to accommodate property owners protesting their property values. Hearings are held year round. Although you will not have hearings scheduled every day, ARB members must be available to serve when called. Vacations and other employment commitments are not considered valid reasons to be absent.

If selected, you will be appointed to serve a term as a regular member of the ARB. ARB members are not employees of the appraisal district and are not eligible for employee benefits by virtue of their review board service. A former ARB member who has served three consecutive terms may now be reappointed after sitting out a year.

Please send your application directly to me at the address below. Applications from third parties will not be accepted. After we receive your application, a background investigation will be conducted. If you are selected for an interview, you will be contacted to schedule an appointment.

If you are confident you can meet this demanding schedule, possess the qualifications noted on the next page, and believe you can reach decisions based solely on the evidence before you in each hearing, please return the completed application form to this address:

Judge Robert K. Schaffer  
c/o HCAD Human Resources Division  
P.O. Box 920975  
Houston, TX 77292-0975

Your interest in this important civic duty is appreciated. If we can provide you with application information, please call 713-957-5265 or 713-957-7499. If we can provide other information regarding ARB service requirements please call 713-957-5265.

Applications must be received no later than October 15, 2018, in order to be considered.

Respectfully,

A handwritten signature in cursive script that reads "Robert K. Schaffer".

Judge Robert K. Schaffer  
Local Administrative District Judge of Harris County

## **Qualifications for ARB Membership**

- 1) You must be at least 18 years old, must currently reside in Harris County, and must have resided in Harris County for at least the last two years.
- 2) You cannot be a current or former employee, officer, or member of the board of directors of the Harris County Appraisal District.
- 3) You cannot be a current member of the governing body or an officer or an employee of a taxing unit (a local government that levies property taxes) in this state. This includes part-time employment. Taxing units include the counties, school districts, cities, community and junior college districts that levy property taxes, and special districts that levy property taxes.
- 4) You cannot be a former officer or member of the governing body of a taxing unit served by the Harris County Appraisal District unless your service ended more than four years before January 1, 2014.
- 5) You cannot be a current employee of the Texas Comptroller of Public Accounts.
- 6) You cannot have ever appeared before the Harris County Appraisal Review Board for compensation.
- 7) Neither you nor your spouse may currently be a party to a contract with this appraisal district or a taxing unit served by the Harris County Appraisal District.
- 8) No business in which you have a substantial interest (defined as ownership by you and/or your spouse of at least 10% of the voting stock or shares of the business entity or service by you or your spouse as a partner, limited partner, or officer of the business entity) may currently be a party to a contract with the Harris County Appraisal District or a taxing unit served by the Harris County Appraisal District.
- 9) You are ineligible if you own property on which delinquent taxes have been owed to any taxing unit in this state for more than 60 days after the date you knew or should have known the taxes were delinquent, unless the taxes are being paid under an installment agreement under Sec. 33.02, Tax Code, or the taxes are deferred or abated under Sec. 33.06 or 33.065, Tax Code.
- 10) You cannot be related within the second degree, by consanguinity or affinity, to (1) a person who does business as a paid property tax consultant in Harris County; or (2) a person who performs appraisals for use in property tax proceedings in Harris County; and you cannot be related within the third degree by consanguinity or the second degree by affinity to an officer or member of the board of directors of the Harris County Appraisal District or to the Administrative Judge of Harris County. Relatives within the second degree include your spouse, parent, child, son-in-law, daughter-in-law, grandparent, grandchild, brother or sister, spouse of a brother or sister, step child, step parent, father-in-law, mother-in-law, and the brother or sister of your spouse. Relatives by consanguinity within the third degree also include great-grandparents, great-grandchildren, the brother or sister of either of your parents, and nieces and nephews.
- 11) You must be of good moral character.



## APPLICATION FOR APPOINTMENT TO THE HARRIS COUNTY APPRAISAL REVIEW BOARD

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

### 1. Applicant Information

Name (Last, First, Middle Initial)		Telephone Number ( <i>Area Code and Number</i> )	
		Daytime (    )	Evening (    )
Current Mailing Address ( <i>Number, Street or P. O. Box</i> )			
Street address if different from above		Email Address	
City		State	ZIP Code
Social Security Number	Texas Driver License Number	Spouse's Name	

### 2. Education and Training

Name of School, City, State	Dates Attended Mo/Yr to Mo/Yr	Major / Minor	Semester Hours Earned	Type of Diploma or Degree Awarded

List any other training, qualities, or attributes you consider relevant, including offices held, awards, honors, professional memberships, licenses, etc.

### 3. Employment History

Present/Most Recent Employer	Position
Address	Dates Employed (From MM/YY to MM/YY)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised Directly                      Indirectly	Reason for Leaving

Summary of Duties

Previous Employer	Position
Address	Dates Employed (From MM/YY to MM/YY)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised Directly                      Indirectly	Reason for Leaving

Summary of Duties

Previous Employer	Position
Address	Dates Employed (From MM/YY to MM/YY)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised Directly                      Indirectly	Reason for Leaving

Summary of Duties

4. Eligibility and Conflict of Interest Disclosure

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

- A "local government" is a government 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 Harris County Appraisal District 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 elective or appointive 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 Harris County? 1. Yes [ ] No [ ]
2. Have you resided in Harris County for at least two years? 2. Yes [ ] No [ ]
3. Are you currently a member of the governing body or an officer of a local government or an appraisal district? (other than an Appraisal Review Board member) 3. Yes [ ] No [ ]
4. Are you currently employed, either full or part-time, by a local government or an appraisal district? (ARB members are not appraisal district employees) 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, chief appraiser, or member of the Board of Directors of the Harris County Appraisal District? 6. Yes [ ] No [ ]
7. Are you a former member of the governing body or officer of a local government served by the Harris County Appraisal District, and you left the office within the last four years? (check "No" if you have been out of office more than 4 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 Harris County Appraisal District? 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, 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 of the Harris County Appraisal District? 10a. Yes [ ] No [ ]
b. Does business in the Harris County Appraisal District as a paid property tax consultant? 10b. Yes [ ] No [ ]
c. Performs appraisals for use in property tax proceedings in the appraisal district? 10c. Yes [ ] No [ ]
11. Have you previously served all or part of three terms as a member of the Appraisal Review Board of the Harris County Appraisal District? 11. Yes [ ] No [ ]
12. Have you previously appeared before the Harris County Appraisal Review Board for compensation (i.e., as a tax consultant, accountant, appraiser, 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 a visa or entry permit? 16a. Yes [ ] No [ ]

**5. Delinquent Taxes in Texas**

In the space below, please list all properties in Texas on which you currently pay property taxes. Include both real property and business personal property. Include community property and property owned by partnerships or sole proprietorships. Please give the appraisal district account number or the location address (and business name, if applicable) of the property, the years for which taxes are owed, and the taxing entities to which the taxes are owed.

17. Are taxes delinquent on any of these properties? ..... 17. Yes  No

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

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

Briefly state why you should be considered for appointment to the Appraisal Review Board.

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**7. Signature and Affirmation**

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

**Signature and affirmation of person preparing this application:**

I affirm that the information contained in this application and all attachments, if any, is accurate and complete to the best of my knowledge and belief, and authorize the Harris County Appraisal Review Board 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 Appraisal Review Board for Harris County.

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

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

\_\_\_\_\_  
Date

## Harris County Appraisal Review Board Application Processing

**Telephone 713-957-5265**

Name	Social Security Number
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I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of the Local Administrative District Judge for Harris County bearing this release to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary and conviction records. I hereby ask you to release such information upon request of the bearer. I understand that the information released is for official use by the Local Administrative District Judge of Harris County and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release and hold harmless any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

**Do not contact L1 Enrollment Services for fingerprinting unless instructed to do so by the agency.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

**ARB for the Harris County  
Appraisal District**  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	