**APPLICATION FOR APPRAISAL REVIEW BOARD SERVICE**

**HOOD CENTRAL APPRAISAL DISTRICT**

*The appraisal review board is a group of citizens who are selected by the District Administrative Judge to hear the appeals of property tax values in our county. These people listen to the evidence provided by the appraisal district and the taxpayer and make a decision based on the evidence presented. Training is provided by the Texas State Comptroller. Training and service is compensated at a daily rate set by the board of directors of the appraisal district at $175/day. Please complete the application so that the Administrative Judge will have knowledge of your abilities.*

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a resident of Hood County continuously for the past two years? \_\_\_\_\_\_

Have you ever worked for an appraisal district? \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever represented taxpayers as an agent for compensation or are you related to a person who has represented taxpayers for compensation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what is the level of relation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked for the county, or one of the cities or schools in Hood County in the past three years? \_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special experience in appraisal or real estate transactions that you feel would benefit the ARB? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please give a brief description of your knowledge and experience.

I certify that the information in this application is true and correct to the best of my knowledge.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant

Please attach a personal and professional bio to this application.

Send completed application to: PO Box 819, Granbury, TX 76048 or hoodapp@hoodcad.net