



**CENTRAL TEXAS HOUSING CONSORTIUM**

## **Resident Contact Information Form**

Central Texas Housing Consortium uses a *voice broadcast system* (referred to as IBS) to notify residents about social events, scheduled maintenance activities, outside agency inspections, scheduled utility interruptions, etc. To ensure you receive **emergency notifications** as well as other important announcements, it is vital that we have current contact information for you on file.

**All new residents must complete this form and return it to the office.**

**It is also the responsibility of all residents to keep us updated on any changes.** You can do this by coming by the office, sending an e-mail to [jbozeman@cthc.org](mailto:jbozeman@cthc.org), using the Resident Contact Information Form on our website, or sending the information by regular mail.

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Please indicate what phone number(s), text number and/or e-mail address you would like to use for IBS notices in addition to your regular contact phone number. (It may be the same number.)

**Resident Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Phone Number(s)** \_\_\_\_\_

**E-mail Address (optional)** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <p><i>Phone Number for <u>IBS Notices</u></i> _____</p> <p><i>Alternate Phone Number for <u>IBS Notices</u></i> _____</p> <p><i>Text Phone Number for <u>IBS Notices</u></i> _____</p> <p><i>E-mail Address for <u>IBS Notices</u></i> _____</p> <p><input type="checkbox"/> Check this box if you choose not to provide IBS contact information.</p> <table border="1"><tr><td>_____</td><td>_____</td></tr></table> <p><b>Signature of Resident</b> <span style="float: right;"><b>Date</b></span></p> | _____ | _____ |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ |       |

|                                        |                   |
|----------------------------------------|-------------------|
| <b>Office Use Only:</b>                |                   |
| Date Received _____                    | Received By _____ |
| Entered into Lindsey by _____ on _____ |                   |
| Entered into Access by _____ on _____  |                   |

