



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 admin2@centexhousing.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)** \_\_\_\_\_

|                                                                                               |             |
|-----------------------------------------------------------------------------------------------|-------------|
| <b><i>Phone Number for <u>IBS Notices</u></i></b> _____                                       |             |
| <b><i>Alternate Phone Number for <u>IBS Notices</u></i></b> _____                             |             |
| <b><i>Text Phone Number for <u>IBS Notices</u></i></b> _____                                  |             |
| <b><i>E-mail Address for <u>IBS Notices</u></i></b> _____                                     |             |
| <input type="checkbox"/> Check this box if you choose not to provide IBS contact information. |             |
| _____                                                                                         | _____       |
| <b>Signature of Resident</b>                                                                  | <b>Date</b> |

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

