

The City of Madison's **Community Development Authority (CDA)** owns and manages **Karabis Apartments** under HUD's Multifamily Housing Program. This development offers one-, two-, and three- bedroom units that are barrier-free and wheelchair-accessible.

Applications are available to families whose head of household, spouse or co-head is a person with physical disabilities.

Karabis Apartments features:

- Off street parking
- Private entrances
- Laundry facilities
- Cat or small dog permitted

Rent is income-based.

Rent is affordable and based on income. Residents pay no more than 30% of their adjusted income for housing. A rent reduction/utility allowance is given when applicable.

Support services available.

Nurses from Meriter and St. Mary's Hospitals provide health screening, health education and social activities, as well as preventative emergency planning services. Two HUD Service Coordinators offer information and resource referral. An affordable lunch is served 5 days a week to all residents.

CDA Housing Operations

Central Office location:

Madison Municipal Building
Room 120
215 Martin Luther King, Jr. Blvd.
Madison, WI 53703

Phone (608) 266-4675
Fax (608) 264-9291
housing@cityofmadison.com

Office Hours
Mon-Fri 8:00 a.m. to 4:30 p.m.

Pre-applications available at the
Central office, Site offices or online at:

www.cityofmadison.com/housing/index.htm

Contact the CDA
at 266-4675
for information on other
CDA Subsidized Housing
programs that provide
wheelchair-accessible units.

Karabis Apartments

*A Multifamily Housing Project
owned and managed
by the CDA*



**Community
Development
Authority
of the
City of Madison**



Applying for Karabis:

1. Fill out the pre-application completely, sign and date, and return to the address listed on the front of the pre-application.
2. You may apply for Karabis Apartments only if you require a barrier-free housing unit. You will be placed on a waiting list, mailed a receipt letter, and provided with an estimated wait time. The CDA waiting lists are kept by bedroom size, and applicants are ranked according to the date and time of application and verified preferences. The CDA will give a preference in any of the following situations if proper documentation is submitted:
 - You live, work, or go to school in the City of Madison or Dane County.
 - You are homeless or a victim of domestic violence.
 - There are minor children in your household.
 - You are 62 years of age or older.
 - You are a person with a disability.

3. While you are on the waiting list, you must notify the CDA of these changes:
 - Mailing address
 - Phone number
 - Gross monthly income
 - Family composition
4. When the CDA is ready to screen your file, you will be sent a *full application* along with a list of required documents and several release forms to be signed by all adults in the household.
5. All applicants will be screened for eligibility. The CDA screening process includes:
 - Full criminal background check.
 - Verification that you do not owe money to nor have been terminated by another housing authority.
 - References from your current and previous landlords.
 - Review of your credit history.
6. You will be notified by mail when a determination has been made.



Eligibility

Initial eligibility is based on the following:

- A member of the family must be a U.S. citizen or non-citizen with eligible status
AND
- The head of household must be 18 years of age or older
AND
- The family's total annual income must be below these Federal Income Limits:

1 Person	\$	45,500
2 Persons	\$	52,000
3 Persons	\$	58,500
4 Persons	\$	65,000
5 Persons	\$	70,200
6 Persons	\$	75,400
7 Persons	\$	80,600
8 Persons	\$	85,800

Effective 12/1/2011

Karabis Multifamily Housing Project provides project-based assistance (also known as Section 8 New Construction) financed by the Wisconsin Housing and Economic Development Authority (WHEDA), with funding provided by the Department of Housing and Urban Development (HUD).





Karabis Apartments

Pre-Application

Karabis Apartments has been designated by HUD for the physically disabled

- Located at 201 S. Park Street.
- Provides 1, 2 and 3 bedroom wheelchair-accessible housing units.
- For families whose head, spouse, or co-head is a person with physical disabilities requiring a barrier-free unit.

Application assistance is available every Tuesday, Wednesday, and Thursday 8:30 am – 12 pm and 1 pm – 4 pm.

If you or any member of your family need an interpreter, materials in alternate formats, or if you require a reasonable accommodation due to a disability to apply for, receive, or continue to receive this service, activity, or program, please contact Housing Operations at (608) 266-4675 or housing@cityofmadison.com.

- Complete all sections of this pre-application; if vital information is missing from this pre-application, you will NOT be placed on the waiting list.
- Return the completed pre-application to 215 Martin Luther King, Jr. Blvd, Room 120 or mail to: CDA-Housing PO Box 1785 Madison, WI 53701-1785
- Once you are placed on the wait list, the CDA will mail you a receipt letter with an estimated wait time.
- When the CDA is ready to screen your file, you will be mailed a *full application*.

Household Composition: Include everyone who will be living with you.

Household Members (First-Middle Initial-Last)	Social Security # (24 CFR 5.216)	Relationship to Head of Household	Sex (M / F)	Race	Birth Date	Student?
		Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-head of Household requested: No Yes, name: _____

- A co-head is an adult household member who is not a spouse and who is equally responsible for the lease.
- Only one co-head allowed.

What is the total gross monthly income for everyone included on this pre-application? \$ _____ /month

Contact Information: You must provide your mailing address.

Current Mailing Address: _____ (Apt. #)

Phone: () _____

Alternate Phone: () _____

Do you have an advocate? Yes No Please provide your advocate's complete name and address, if you want them to receive copies of letters we mail to you.

Name/Agency _____ Phone _____

Address _____ City, State _____ Zip _____

Preferences: Determine your position on the waiting list. Check all preferences that apply to you.

Residency

- I live, work and/or go to school in the City of Madison.
- I live, work and/or go to school in Dane County.

Family / Elderly / Disabled

- My household includes one or more minor children under the age of 18 years old.
- I am, my spouse is, or the designated co-head is, 62 years of age or older.

In accordance with the Americans with Disabilities Act, a "Disabled Person" means any person who:

1. Has a physical or mental impairment, which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such impairment

I do, or a member of my household does, qualify as an individual with a disability:

Myself Other household member: _____

____ I do, or a member of my household does, require a wheelchair-accessible housing unit.

____ I do, or a member of my household does, require a live-in aide.

Homeless / Victim of Domestic Abuse

- I am homeless.
- I am a victim of domestic violence.

Certification: Answer questions 1-3. Read the certification below. Sign and date.

1. Are you 18 years of age or older? Yes No

If no, are you an emancipated minor under state law? Yes No

2. Are you, or is anyone on this application, a Citizen of the United States? Yes No

If no, is anyone on this application an Eligible Immigrant of the United States? Yes No

3. Do any of your relatives currently work for the Community Development Authority? Yes No

If yes, who: _____

- I certify that the information provided on this pre-application is true and complete to the best of my knowledge.
- I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Multifamily Housing Project.
- I understand that failure to supply required information may cause my pre-application to be cancelled.
- I agree to inform the CDA of any changes in my address, household members, or income and I acknowledge the CDA's right to re-rank my position on any waiting list based on these changes.
- **WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or representations to any department or agency of the United States Government as to any matter within its jurisdiction. Wisconsin Law Act 173 makes fraud against a Housing Authority a crime punishable by up to a \$10,000 fine and up to two years imprisonment.

Signature of Head of Household:

Date:

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2004 Census Test
United States Census 2010
LANGUAGE IDENTIFICATION FLASHCARD

- 1. Arabic
 وضع علامة في هذا المربع إذا كنت تقرا أو تتحدث العربية.
- 2. Armenian
 Մարտի 15-ը հայտնի է որպես Գարունդարամանիկի օրը հայկական կաթոլիկական եկեղեցիներում:
- 3. Bengali
 যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্যে দাগ দিন।
- 4. Cambodian
 លុយប្រាក់ក្នុងប្រអប់នេះ ជួយឱ្យយើង ធ្វើការងារបាន ល្អ។
- 5. Chamorro
 Moika i kabbon ya yangin úntingau' manaitai pat úntingau' kumentos Chamorro.
- 6. Simplified Chinese
 如果你能读中文或讲中文，请选择此框。
- 7. Traditional Chinese
 如果你能讀中文或講中文，請選擇此框。
- 8. Croatian
 Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.
- 9. Czech
 Zazkrtněte tuto kolonku, pokud čtete a hovoříte česky.
- 10. Dutch
 Kruis dit vakje aan als u Nederlands kunt lezen of spreken.
- 11. English
 Mark this box if you read or speak English.
- 12. Farsi
 اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.

- 13. French
 Cocher ici si vous lisez ou parlez le français.
- 14. German
 Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.
- 15. Greek
 Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.
- 16. Haitian Creole
 Make kazye sa a si ou li oswa ou pale kreyl ayisyen.
- 17. Hindi
 अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।
- 18. Hmong
 Kos lub voj no yog koj paub twm thiab hais lus Hmoob.
- 19. Hungarian
 Jelölje meg ezt a köckét, ha megérti vagy beszéli a magyar nyelvet.
- 20. Ilocano
 Markaan daytoy nga kahon no makabasa wenno makasarka iti Ilocano.
- 21. Italian
 Marchi questa casella se legge o parla italiano.
- 22. Japanese
 日本語を話んだり、読める場合はここに印を付けてください。
- 23. Korean
 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.
- 24. Laotian
 ໃຫ້ທ່ານເລື່ອງນີ້ ຖ້າທ່ານຮູ້ຫຼືເວົ້າພາສາລາວ.
- 25. Polish
 Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.

26. Portuguese
Assinale este quadrado se você lê ou fala português.
27. Romanian
Înscrieți aici dacă citiți sau vorbiți românește.
28. Russian
Пометьте этот квадратик, если вы читаете или говорите по-русски.
29. Serbian
Обележите овај квадратич уколико читате или говорите српски језик.
30. Slovak
Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.
31. Spanish
Marque esta casilla si lee o habla español.
32. Tagalog
Markahan itong kuwadrado kung kayo ay maaaring magbasa o magsalita ng Tagalog.
33. Thai
ให้ทำเครื่องหมายในช่องสี่เหลี่ยมนี้ถ้าคุณอ่านหรือพูดภาษาไทย.
34. Tongan
Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.
35. Ukrainian
Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.
36. Urdu
آرپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔
37. Vietnamese
Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.
38. Yiddish
באצויקנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.