

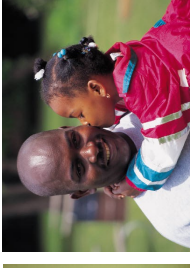
## Applying for Parkside or Karabis:

1. Fill out the pre-application completely, sign and date, and return to the address listed on the front of the pre-application.
2. Indicate which property you are interested in. 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 date/time of application and verified preferences. You may receive a preference if you can prove city/county residency, and/or homelessness or that you are a victim of domestic violence. The CDA will also give preference to families with minor children, applicants 62 years of age or older, or applicants who are disabled.
3. While you are on the waiting list, you must notify the CDA of changes in address, phone number, income, or 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. Applicants will be screened for eligibility. The CDA will conduct a full criminal background check, will confirm that you do not owe money to or have not been terminated by another housing authority, will request references from your current and previous landlords, and review your credit history.
6. You will be notified by mail when a determination has been made.

# Multifamily Housing Project

Parkside Apartments  
and Townhouses

Karabis Apartments



### 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](mailto: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](http://www.cityofmadison.com/housing/index.htm)



Community  
Development  
Authority  
of the  
City of Madison

## CDA Multifamily Housing Project

The City of Madison's **Community Development Authority (CDA)** owns and manages the following Multifamily Housing properties:

*Parkside Highrise Apartments*

*Parkside Townhouse Apartments*

*Karabis Apartments*

One, two, and three bedroom units are available for low-income families whose head, spouse, or co-head is disabled or at least 62 years of age. Families with minor children may also be given preference for two and three bedroom apartments and townhomes.

### Rent is income-based.

Rent is affordable and based on income. You pay no more than 30% of your adjusted income for housing. (A rent reduction/utility allowance is given if you are to pay for any utilities.)

### 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 contracted by the Mental Health Center of Dane County offer information and resource referral. An affordable lunch is served 5 days a week and is available to all Triangle residents.



**Parkside Townhouses**  
802-824 W. Washington Ave.

## 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  | \$ | 44,800 |
| 2 Persons | \$ | 51,200 |
| 3 Persons | \$ | 57,600 |
| 4 Persons | \$ | 64,000 |
| 5 Persons | \$ | 69,150 |
| 6 Persons | \$ | 74,250 |
| 7 Persons | \$ | 79,400 |
| 8 Persons | \$ | 84,500 |

*Effective 5/14/2010*

Karabis and Parkside Multifamily Projects provide 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).



**CDA**



**EQUAL HOUSING  
OPPORTUNITY**



## Multifamily Housing Project Pre-Application



**CDA PROPERTY:** Check the waiting list(s) you would like to be placed on.

**Parkside Apartments**

Elderly/Disabled-Designated Housing

- For families, whose head, spouse, or co-head is at least 62 years of age.
- For families whose head, spouse, or co-head is a person with disabilities.

**Karabis Apartments**

Barrier-Free Housing for the Physically Disabled

- For families whose head, spouse, or co-head is a person with physical disabilities requiring a barrier-free unit.

Please return completed pre-application to 215 Martin Luther King, Jr. Blvd, Room 120  
or mail to: CDA-Housing PO Box 1785 Madison, WI 53701-1785

**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](mailto:housing@cityofmadison.com).*

- Complete all sections of the Multifamily Housing Project Pre-Application. If vital information is missing from this application, you will NOT be placed on the waiting list.
- Once you are placed on the wait list, the CDA will mail you a receipt letter.
- Receipt letters will provide an estimated wait time and the number of bedrooms you are eligible for. Multifamily Housing units have 1, 2, or 3 bedrooms.
- When the CDA is ready to screen your file, you will be mailed a *full application* and a list of required documents.

**Note: These items are not needed at this time.**

**Household Composition: Who will be living with you?**

| Household Members<br>(First-Middle Initial-Last) | Social Security #<br>(24 CFR 5.216) | Relationship to<br>Head of Household | Sex<br>(M / F) | Race | Birth Date | Student?   |
|--|-------------------------------------|--------------------------------------|----------------|------|------------|--|
|  |                                     | <b>Head of Household</b>             |                |      |            | <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. #)

\_\_\_\_\_  
(State) (Zip Code)

**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**

- وضع علامة في هذا المربع إذا كنت تقرا أو تتحدث العربية.
- Մարտի 15-ը Նյու Յորքի կառավարչությունը արևմտահայկազերենի կիրառման համար կիրառում է քաղաքացիներին:
- যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্যে দাগ দিন।
- អូមប៊ូណ័រ៉ូម៉ូរ៉ែន៖ រ៉ុន្ទោរ៉ាស រ៉ុន្ទោរ៉ាសា រ៉ុន្ទែ ។
- Mooka i kabbon ya yangin úntángau' manaitai pat úntángau' kumentos Chamorro.
- 如果你能读中文或讲中文，请选择此框。
- 如果你能读中文或讲中文，请选择此框。
- Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.
- Znaštrněte tuto kolonku, pokud čtete a hovoříte česky.
- Kruis dit vakje aan als u Nederlands kunt lezen of spreken.
- Mark this box if you read or speak English.
- اگر خوش آمدن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.

- Cocher ici si vous lisez ou parlez le français.
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.
- Make kazye sa a si ou li oswa ou pale kreyl ayisyen.
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।
- Kos lub voj no yog koj paub thiab hais lus Hmoob.
- Jelölje meg ezt a kököt, ha megérti vagy beszéli a magyar nyelvet.
- Markaam daytoy nga kahon no makabasa wenno makasaoaka iti Ilocano.
- Marchi questa casella se legge o parla italiano.
- 日本語を話んだり、話せる場合はここに印を付けてください。
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.
- ໄທນຸນາໂລຢາງຽນ ຖ້າທ່ານຮູ້ຫຼືນຳພາພາສາລາວ.
- Prosimy o oznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.

Assinale este quadrado se voce lê ou fala português.

26. Portuguese

Inseamna această căsuță dacă citi sau vorbiți românește.

27. Romanian

Пометьте этот квадратик, если вы читаете или говорите по-русски.

28. Russian

Обеложите ovaj квадратик уколико читате или говорите српски језик.

29. Serbian

Označte tento štvorec, ak viete čítať alebo hovoriť po slovensky.

30. Slovak

Marque esta casilla si lee o habla español.

31. Spanish

Markahan itong kwadrado kung kayo ay magsasalita ng Tagalog.

32. Tagalog

ຖ້າທ່ານໄດ້ຮູ້ພາສາໄທທາງຕາເວັນຕົກກະໄສ.

33. Thai

Maaka i he puha ni kapaui 'oku ke lau pe lea fakalonga.

34. Tongan

Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.

35. Ukrainian

اگر آپ اردو پڑھتے ہیں تو اس خانے میں نشان لگائیں۔

36. Urdu

Xin đánh dấu vào ô này nếu bạn quý vị biết đọc và nói được Việt Ngữ.

37. Vietnamese

כאן ציין את הריבוע אם אתם יודעים לקרוא ולדבר עברית.

38. Yiddish