Massachusetts Section 8 Centralized Waiting list

Please complete all fields marked with an asterisk (*) or your application will be considered incomplete. Complete information on every member of your household. If your household is over 4 members please provide additional sheets. For more information about the application please refer to the Pre-Application Information Document available at www.gosection8.com/MassCWL.

Head of Household										
* First name	e: Middle:					* Last name	:			
Primary Pho	one Number:			P	hone Type:	☐ Mobile	☐ Home	☐ Worl	k 🗌 Other	
May we send text message to this number (rates may apply)									Yes No	
Primary Email:	* Date of Birth:				Gend	er:	* Disable	d:	Yes 🗌 No	
* U.S. Citizen: Yes No SSN or Alien ID #: Thave no SSN or Alien ID # (temporary number will be provided by PHA)								orary number		
Curent Living Situation Housing Costs										
* What is your household's living condition?					* What is your current monthly rent or mortgage payment?				*\$	
Living in a permanent residence				*What is yo	ur total montl	nly cost for utilitie	es? * \$	**		
	temporary resi						ctricity only)		* \$	
Living in a shelter or hotel/motelLiving in a place that is not normally used for housing				* Is your ho your curren	usehold at ris t residence?	k of losing		Yes No		
	Home Address									
In Care of:	n Care of:									
* Address 1:					Address 2:					
* City:			* State:				* Zip Code:	Had I passer		
Is this the bes	t place to send i	mail? If not, plea	se provide a r	mailing a	ddress:					
Mailing Address										
In Care of:	re of:									
Address 1:					Address 2:					
City:			State:				Zip Code:			
Emergency Contact										
Please provide additional contacts in case we need to get in touch with you about your waitlist status. These contacts can be homeless shelters, friends, family members etc.										
First Name:					Last Name:					
Phone:	R				lationship:	Parent Child Sibling Other				
Household										
* How many people live in your household?					*#	*#				
* How many b	edrooms does	the household	require?					*#		



* Required Field

Employment & Other Income								
Employment 1:		Туре:	☐ Full T	ime 🗌 Par	t Time 🔲 Seasonal			
City: State				Zip Code:				
Approximate Monthly Income from Employment		\$	Pay Cas	sh: Yes No				
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):								
School								
* Student: Yes No If Yes, School Nan	ne:			☐ Fu	ll Time Part Time			
School Type:								
City: State:				Zip Code:				
Have you ever served on active duty in the U.S.	Veteran Statu		tion of Comm	Ch	* Ves No			
Have you ever served on active duty in the U.S. are Are you an ex-spouse, widow, or widower of a pers					10::0			
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard? * Yes No If yes to a question above, please indicate years served:								
Race				Ethnicity				
Optional: Asked solely for HUD reporting purposes.		Asked		IUD reporting	g purposes:			
☐ White ☐ Asian		His	panic or Lat	ino				
☐ Black or African American ☐ Pacific Islan ☐ Alaska Native or Indian American ☐ Other	nder	Not Hispanic or LatinoWould not like to disclose						
Alaska Native of Indian Africana Other			uld HOL like	to disclose				
Household Member 2 * First name: Middle:								
* Relationship to Head of Household: Spouse/Par	 tner ☐ Parent ☐	Child	Sibling	Foster child (Live in Aid Other			
* Date of Birth: Sender: *U.S. Citizen: Yes No *Disabled: Yes No								
* SSN or Alien ID #: I have no SSN or Alien ID # (temporary number will be provided by PHA)								
Employment & Other Income								
Employment Monthly Income: \$ City: State:	T	Туре:	Full Tir	ne Part Zip Code:	Time Seasonal			
	nthly income: (SSI	. Child Su	pport. Pensi		\$			
Pay Cash: Yes No * Other total monthly income: (SSI, Child Support, Pensions, Etc.) \$ School								
*Student: Yes No If Yes, School Name	:			☐ Full	Time Part Time			
School Type:	5) Middle (6-8)	High	(9-12)	College or Un	iversity Training			
City: State:				Zip Code:				
Veteran Status Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard? * Yes No								
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard? * Yes No								
If yes to a question above, please indicate years ser	The state of the s	. 100, 01 1	u					

Please provide information on each member of your household. Additional sheets may be included for additional household members and/or additional employment or school information.

* Required Field

Household Member 3 Co-Applicant (one per household								
* First name:	Middle:		* Last name:					
* Relationship to Head of House	nold: Spouse/Parti	ner	Sibling Fost	er child Live in Aid Other				
* Date of Birth:	Gender:	* U.S. Citizen:	Yes No	* Disabled: Yes No				
* SSN or Alien ID #:		☐ I have no SSN o	I have no SSN or Alien ID # (temporary number will be provided by PHA)					
Employment & Other Income								
Employment Monthly Income:	\$	Туре	: _ Full Time	Part Time Seasonal				
City:	State:		Zip	Code:				
Pay Cash: Yes No	* Other total mon	nthly income: (SSI, Child	Support, Pensions, E	Etc.) \$				
		School						
*Student: Yes No	If Yes, School Name:			Full Time Part Time				
School Type:	Elementary (K-6)	Middle (6-8)	ligh (9-12) 🔲 Colle	ge or University 🔲 Training				
City:	State:		Zip (Code:				
		Veteran Status	and the same					
Have you ever served on active				* Yes No				
Are you an ex-spouse, widow, or but who had ever served on acti	widower of a person ive duty in the U.S. ar	who is no longer a me med forces, reserves, o	ember of the house or National Guard?	hold * Yes No				
If yes to a question above, please indicate years served:								
ii yes to a question above, piease indicate years served:								
yes to a question above, pieces	***************************************							
Household Member 4			Co-Applica	nt (one per household)				
	Middle:	*	Co-Applica Last name:	nt (one per household)				
Household Member 4				7				
Household Member 4 * First name:			Last name:	7				
Household Member 4 * First name: * Relationship to Head of Househo	Id: Spouse/Partne	Parent Child	Last name: Sibling Foster Yes No *I	child Live in Aid Other				
* First name: * Relationship to Head of Househo * Date of Birth:	ld: Spouse/Partne	Parent Child	Last name: Sibling Foster Yes No *I Nien ID#(temporary nui	child Live in Aid Other Disabled: Yes No				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #:	ld: Spouse/Partne	* U.S. Citizen:	Last name: Sibling Foster Yes No *I	child Live in Aid Other Disabled: Yes No				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #:	Gender: Employr	*U.S. Citizen:	Last name: Sibling Foster Yes No *I	child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income:	Gender: Employr State:	*U.S. Citizen:	Last name: Sibling Foster Yes No *I Nien ID#(temporary num Full Time Zip Co	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode:				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No	Gender: Employr State:	*U.S. Citizen: Type:	Last name: Sibling Foster Yes No *I Nien ID#(temporary num Full Time Zip Co	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode:				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No * Student: Yes No	Gender: Employr State:	*U.S. Citizen: Type:	Last name: Sibling Foster Yes No *I Nien ID#(temporary num Full Time Zip Co	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode:				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No	Gender: Employr State: * Other total month	*U.S. Citizen:	Last name: Sibling Foster Yes No *I Nien ID#(temporary number) Full Time Zip Co Support, Pensions, Et	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode: c.) \$				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No * Student: Yes No	Gender: Employr State: * Other total month	*U.S. Citizen:	Last name: Sibling Foster Yes No *I Nien ID#(temporary number) Full Time Zip Co Support, Pensions, Et	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode: c.) \$ Full Time Part Time e or University Training				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No * Student: Yes No If School Type: Kindergarten City:	Spouse/Partner Gender: Employr State: * Other total month FYes, School Name: Elementary (K-6) State: V	*U.S. Citizen: Ihave no SSN or Ament & Other Incom Type: hly income: (SSI, Child SSChool Higher High	Last name: Sibling Foster Yes No *I Nien ID#(temporary number Full Time Zip Co Support, Pensions, Et gh (9-12) Colleg Zip Co	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode: c.) \$ Full Time Part Time e or University Training				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No * Student: Yes No Kindergarten City: Have you ever served on active do	State: * Other total mont FYes, School Name: Elementary (K-6) State: Vuty in the U.S. armed	*U.S. Citizen: Ihave no SSN or Ament & Other Incom Type: Middle (6-8)	Last name: Sibling Foster Yes No * I Nien ID # (temporary number Full Time Zip Co Support, Pensions, Et Graph (9-12) College Zip Co	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode: c.) \$ Full Time Part Time e or University Training ode: * Yes No				
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Pay Cash: Yes No * Student: Yes No If School Type: Kindergarten City:	State: * Other total mont FYes, School Name: Elementary (K-6) State: Vuty in the U.S. armed	*U.S. Citizen: Ihave no SSN or Ament & Other Incom Type: Middle (6-8)	Last name: Sibling Foster Yes No * I Nien ID # (temporary number Full Time Zip Co Support, Pensions, Et Graph (9-12) College Zip Co	r child Live in Aid Other Disabled: Yes No mber will be provided by PHA) Part Time Seasonal ode: c.) \$ Full Time Part Time e or University Training ode: * Yes No				

*	Rec	uired	Fie	d
	.,	un cu		ш

et.						*	Required Fiel	
Applicant Household Conditions								
* Has anyone in you	*	Yes 🗌 No						
Name / Disaster Type:		Disaster Date: Displacement						
Disaster City:		State: Zip Code:						
* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord?							Yes 🗌 No	
* Has anyone in the ho person who engages i	ousehold vacated their housir n violence?	ng unit bec	ause of domestic v	iolence or lives	in a unit with a	* 🗆	Yes No	
*Has anyone in your h	ousehold been displaced or a	t risk of be	ing displaced due t	o hate crimes?		* 🗆	Yes No	
* Has anyone in your h	nousehold been displaced or a	at risk of be	ing displaced due	to a governmer	nt action?	*	Yes No	
* Has anyone in your h	ousehold been displaced or a	at risk of be	ing displaced due	to the inaccessi	bility of a unit?	*	Yes 🗌 No	
* Has anyone in your h in witness protection?	ousehold been displaced or a	t risk of be	ing displaced to av	oid reprisals or	due to being	*	Yes 🗌 No	
* Is anyone in your hou	usehold fleeing home due to c	dangerous	conditions?			*	Yes 🗌 No	
* Are you currently livi	* Are you currently living in substandard housing?						Yes 🗌 No	
	*Are you or any household member living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?							
*Are you or a household member at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?							Yes 🗌 No	
* Do you currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA 02169)?						* 🗆 '	Yes No	
You must complete all required fields on the pre-application in order to be added to the waitlist. Required fields are marked with an asterik (*). The fields on this pre-application are used to determine eligibility and your placement on the waitlist. Please note that each housing authority operates under their own local policy and use different methods and preferences to rank applicants on the waitlist. If you have questions or need additional information about completing your pre-application please contact a participating housing authority.								
Return a completed Pre-Application to ONE of the 101 Participating Housing Authoritites on the Massachusetts Section 8 Centralized Waiting List. For a complete list of PHA's please see the Pre-Application information document or visit www.gosection8.com/MassCWL.								
I CERTIF	I CERTIFY THAT THE ENCLOSED INFORMATION IS ACCURATE AND COMPLETE.							
I understand that submis	ssion of false information or n	nisrepreser	ntation may result	in loss of eligibi	lity to participat	e in the	Section 8	

Housing Choice Voucher Program. I certify that I have attained the age of eighteen and therefore have full legal capacity to act on my own behalf in the matter of contracts. * Signature of Head of Household: * Date: For PHA use only Application ID: **Application Date:**

