

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
CENTRALIZED WAITING LIST PRE-APPLICATION**

**For Agency Use Only:
Date/Time**

1. HEAD OF HOUSEHOLD

Social Security or Alien Registration #: _____ Date of Birth: _____

First Name: _____ Middle: _____ Last Name: _____

Home Address*: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Work Address* (City/Town ONLY): _____

***Some housing authorities give preference to applicants and/or spouses living or working in the housing authority's town.**

Mailing Address (if different from Home Address): _____

City/Town: _____ State: _____ Zip Code: _____

2. SPOUSE/PARTNER

Social Security or Alien Registration Number: _____ Date of Birth: _____

First Name: _____ Middle: _____ Last Name: _____

Work Address* (City/Town ONLY): _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

4. TOTAL GROSS ANNUAL HOUSEHOLD INCOME: _____

5. IS HEAD OF HOUSEHOLD (Check ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | |

6. IS HEAD OF HOUSEHOLD (Check only one):

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
|-----------------------------------|---------------------------------------|

Data on race & ethnicity is collected in accordance with federal regulations. Your answers will not affect your application.

7. PREFERENCES (Check ALL that apply.)

Please read attached "Definitions of Preferences" to determine which apply to you. **NOTE:** Participating housing authorities may or may not use some or all of the preferences listed below. (A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.)

- | | |
|---|---|
| <input type="checkbox"/> 1. Board of Health Condemnation | <input type="checkbox"/> 12. Homeless |
| <input type="checkbox"/> 2. Disabled | <input type="checkbox"/> 13. Rent Burdened 50% of Income |
| <input type="checkbox"/> 3. Displaced by Hate Crimes, Reprisals | <input type="checkbox"/> 14. Rent Burdened 40% of Income |
| <input type="checkbox"/> 4. Displaced by Landlord Non-Renewal | <input type="checkbox"/> 15. One-person Family |
| <input type="checkbox"/> 5. Displaced by Natural Disaster | <input type="checkbox"/> 16. Substandard Housing (includes homeless) |
| <input type="checkbox"/> 6. Displaced by Public Action | <input type="checkbox"/> 17. Client for Project Based Section 8 Unit |
| <input type="checkbox"/> 7. Displaced by Domestic Violence | <input type="checkbox"/> 18. Tenant of Project Based Section 8 Unit |
| <input type="checkbox"/> 8. Elderly | <input type="checkbox"/> 19. Veteran |
| <input type="checkbox"/> 9. Near Elderly (55+) | <input type="checkbox"/> 20. Working |
| <input type="checkbox"/> 10. Extremely Low Income | <input type="checkbox"/> 23. Participant in Metco Program in Wayland school |
| <input type="checkbox"/> 11. Health Condition (disability affecting housing need) | <input type="checkbox"/> 24. Activated Military Personnel to Persian Gulf |

8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate 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 _____

Complete ALL information. Return completed application to ONE of the participating housing authorities listed on the back of this form. Incomplete, photocopied, e-mailed, or faxed applications will not be accepted.