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 n	First name:		Middle:				* Las	t name:					
Primary Phone Number:					Phone	Туре:	Mobile Home			Work 🗍 Other			
May we send text message to this number (rates may apply)									Yes No				
Primar Email:	y * Date of Birth:					Gend	ender: * Disabl			led:	ed: Yes No		
* U.S. Cit	* U.S. Citizen: Yes No *SSN or Alien ID #: I have no SSN or Alien ID # (temporary number will be provided by PHA)									(temporary number			
Curent Living Situation Housing Costs													
* What is your household's living condition?								* What is your current monthly rent or mortgage payment?				r	*\$
Living in a permanent residence								*What is your total monthly cost for utilities? (heat, hot water and electricity only)					*\$
Living in a shelter or hotel/motel Living in a place that is not normally used for housing * Is your household at risk of losing your current residence?								Yes No					
						lome	Addr	ess					
In Care	In Care of:												
* Addre	ss 1:						Add	dress 2:					
* City:													
Is this th	Is this the best place to send mail? If not, please provide a mailing address:												
Mailing Address													
In Care of:								-					
Address 1: Address 2:						_							
City:					State:						Zip Code:		
Emergency Contact													
Please can be	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:							Relatio	nship:		Parent (Child(Si	bling Other
Household													
* How n	* How many people live in your household? *#							*#					
* How m	* How many bedrooms does the household require? *#								*#				



Employment & Other Income							
Employment 1:	Type: Full Time Part Time Seasonal						
City: State:	Zip Code:						
Approximate Monthly Income from Employment 1:	\$ Pay Cash: Yes No						
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):							
	School						
*Student: Yes No If Yes, School Name:	Full Time Part Time						
School Type: Kindergarten Elementary (K-6)	Middle (6-8) High (9-12) College or University Training						
	Zip Code:						
City: State:	teran Status						
Have you ever served on active duty in the U.S. armed for	orces, reserves, or National Guard? * Yes No						
Are you an ex-spouse, widow, or widower of a person wh but who had ever served on active duty in the U.S. armed	no is no longer a member of the household d forces, reserves, or National Guard?						
If yes to a question above, please indicate years served:							
Race	Ethnicity						
Optional: Asked solely for HUD reporting purposes.	Asked solely for HUD reporting purposes:						
☐ White ☐ Asian ☐ Hispanic or Latino							
☐ Black or African American ☐ Pacific Islander	Not Hispanic or Latino						
Alaska Native or Indian American Other Would not like to disclose							
Household Member 2 Co-Applicant (one per household)							
* First name: Middle:	* Last name:						
* Relationship to Head of Household: Spouse/Partner	Parent Child Sibling Foster 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 or Alien ID # (temporary number will be provided by PHA)							
Employment & Other Income							
Employment Monthly Income: \$	Type: Full Time Part Time Seasonal						
City: State:	y income: (SSI, Child Support, Pensions, Etc.) \$						
Pay Cash: Yes No *Other total monthly	School						
*Student: Yes No If Yes, School Name:	Full Time Part Time						
School Type: Kindergarten Elementary (K-6)	Middle (6-8) High (9-12) College or University Training						
City: State:	Zip Code:						
Vet	teran Status						
Have you ever served on active duty in the U.S. armed fo							
Are you an ex-spouse, widow, or widower of a person who but who had ever served on active duty in the U.S. arme	ho is no longer a member of the household ed forces, reserves, or National Guard?						
If yes to a question above, please indicate years served:							

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 Membe	r 3					Co-Ap	plicant (on	e per household)	
* First name:		Mi	iddle:		* Last	name:			
* Relationship to Head	d of Household:	Spous	se/Partner	Parent Cl	bling 🗌	Foster child	Live in Aid Othe		
* Date of Birth:	(Gender:		* U.S. Citizen: Yes I			No *Disabled: Yes No		
* SSN or Alien ID #:				☐ I have no SS	N or Alien II	#(tempo	rary number w	rill be provided by PHA)	
		E	mploym	ent & Other In	come				
Employment Month	ly Income: \$			Ту	/pe:) Full Tin	ne 🗌 Par	t Time 🔃 Seasonal	
City:		St	tate:						
Pay Cash: Yes	No *	* Other total monthly income: (SSI, Child Supp					ons, Etc.)	\$	
		<u>.</u> .		School					
* Student: Yes	☐ No If Ye	es, School i	Name:	·			Fui	ll Time 🔠 Part Time	
School Type:	indergarten 🔲	Elementa	ry (K-6)	Middle (6-8)	High (9	-12)	College or U	niversity Training	
City:		St	tate:				Zip Code:		
			Ve	eteran Status					
Have you ever serve					_			* Yes No	
Are you an ex-spous but who had ever se	e, widow, or wid rved on active d	lower of a luty in the	person w U.S. armo	rho is no longer a ed forces, reserve	member es, or Nat	of the h	ousehold ard?	*□ Yes □ No	
If yes to a question a	If yes to a question above, please indicate years served:								
		 -							
Household Membe	r 4	-				Co-App	olicant (on	e per household)	
Household Membe	r 4	Mid	ddle:		* Last r		olicant (on	e per household) 🖪	
		Mic Spous		Parent Ch	* Last r	name:	olicant (on	e per household)	
* First name:	of Household:			Parent Ch	L	name:		Live in Aid Other	
* First name: * Relationship to Head	of Household:	Spous		* U.S. Citizen:	ild Sit	pling No	Foster child * Disable	Live in Aid Other	
* First name: * Relationship to Head * Date of Birth:	of Household:	Spous	se/Partner	* U.S. Citizen:	ild Sib Yes Vor Alien ID	pling No	Foster child * Disable	Live in Aid Other d: Yes No	
* First name: * Relationship to Head * Date of Birth:	d of Household:	Spous	se/Partner	* U.S. Citizen: have no SSNent & Other Inc	ild Sib Yes Vor Alien ID	pling No	* Disable	Live in Aid Other d: Yes No	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #:	d of Household:	Spous	se/Partner	* U.S. Citizen: have no SSNent & Other Inc	ild Sik Yes Vor Alien ID	name: olling No #(tempor	* Disable	Live in Aid Other d: Yes No Il be provided by PHA)	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Monthle	d of Household:	Spous Gender:	mployme	* U.S. Citizen: have no SSNent & Other Inc	Yes NorAlien ID come pe:	name: olling No well (tempore)	* Disable ary number with the Part Zip Code:	Live in Aid Other d: Yes No Il be provided by PHA)	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Month City:	d of Household:	Spous Gender:	mployme	* U.S. Citizen: I have no SSN ent & Other Inc	Yes NorAlien ID come pe:	name: olling No well (tempore)	* Disable ary number with the Part Zip Code:	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Month City:	l of Household: ly Income: \$	Spous Gender:	mploymo	* U.S. Citizen: have no SSN ent & Other Ind Ty	Yes NorAlien ID come pe:	name: olling No well (tempore)	* Disable any number wine Part Zip Code:	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Monthl City: Pay Cash: Yes * Student: Yes	ly Income: \$	Spous Gender: St. Other tota	mploymo	* U.S. Citizen: have no SSN ent & Other Ind Ty	Yes Vor Alien ID Come pe:	name: Diling No No #(tempore Full Time ort, Pension	* Disable ary number with the Part Zip Code: ons, Etc.)	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Month City: Pay Cash: Yes * Student: Yes	d of Household: dy Income: \$ No *	Spous Gender: St Other tota s, School N Elementar	mploymo	* U.S. Citizen: have no SSN ent & Other Inc Ty y income: (SSI, Ch	Yes Vor Alien ID Come pe:	name: Diling No Witempore Full Time Int, Pension 12) (* Disable ary number with the Part Zip Code: ons, Etc.)	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal \$ Time Part Time	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Monthl City: Pay Cash: Yes * Student: Yes School Type: Ki	d of Household: dy Income: \$ No *	Spous Gender: St Other tota s, School N Elementar	mploymente: al monthl Name: ry (K-6)	* U.S. Citizen: have no SSN ent & Other Inc Ty y income: (SSI, Ch	Yes Vor Alien ID Come pe:	name: Diling No Witempore Full Time Int, Pension 12) (* Disable ary number with the Part Zip Code: ons, Etc.) Full College or Ur	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal \$ Time Part Time	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Monthl City: Pay Cash: Yes * Student: Yes City: Have you ever served	d of Household: Galaxie Galaxie	Spous Gender: St. Other tota s, School N Elementar St. in the U.S.	mploymerate: al monthl Name: ry (K-6) ate: Ve	* U.S. Citizen: have no SSN ent & Other Ind Ty y income: (SSI, Cheschool) Middle (6-8) teran Status orces, reserves, o	Yes Nor Alien ID Come pe: hild Suppo	hame: Oling No #(tempon Full Tim ort, Pensic	* Disable ary number with the Part Zip Code: ons, Etc.) Full College or Ur Zip Code:	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal \$ Time Part Time	
* First name: * Relationship to Head * Date of Birth: * SSN or Alien ID #: Employment Month City: Pay Cash: Yes * Student: Yes School Type: Ki	d of Household: Galaxie Galaxie	Spous Gender: St. Other tota s, School N Elementar St. in the U.S.	mploymerate: al monthl Name: ry (K-6) ate: Ve	* U.S. Citizen: have no SSN ent & Other Ind Ty y income: (SSI, Cheschool) Middle (6-8) teran Status orces, reserves, o	Yes Nor Alien ID Come pe: hild Suppo	hame: Oling No #(tempon Full Tim ort, Pensic	* Disable ary number with the Part Zip Code: ons, Etc.) Full College or Ur Zip Code:	Live in Aid Other d: Yes No libe provided by PHA) Time Seasonal \$ Time Part Time niversity Training	

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* Required Field

Applicant Household Conditions										
* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?								Yes No		
Name / Disaster	nt Date:									
Disaster City:		State: Zip Code:								
* Has anyone in owner/landlord?	* 🗆	* Yes No								
* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord? * Has anyone in the household vacated their housing unit because of domestic violence or lives in a unit with a person who engages in violence?							a * 🗆	* Yes No		
 	*Has anyone in your household been displaced or at risk of being displaced due to hate crimes? * Yes No									
* Has anyone in your household been displaced or at risk of being displaced due to a government action?							Yes 🗌 No			
* Has anyone in your household been displaced or at risk of being displaced due to the inaccessibility of a unit? * Yes No							Yes 🗌 No			
* Has anyone in in witness prote	* Has anyone in your household been displaced or at risk of being displaced to avoid reprisals or due to being in witness protection?							Yes 🗌 No		
* Is anyone in yo	* Is anyone in your household fleeing home due to dangerous conditions? * Is anyone in your household fleeing home due to dangerous conditions?							Yes No		
*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?							Yes 🗌 No			
* Are you or a ho residence, includ	* 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 curren	* 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 CERTIFY THAT THE ENCLOSE	ED 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:						
For PHA use only							
Application ID:	Application Date:						

