

MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

HEAD OF HOUSEHOLD

First name*: _____ Middle: _____ Last name*: _____

Date of Birth*: _____ Gender*: ☐ Male ☐ Female

SSN or Alien ID #: _____

☐ I do not have a SSN or Alien ID # (a temporary number will be provided by PHA)

Disabled*: ☐ Yes ☐ No

U.S. Citizen*: ☐ Yes ☐ No

Primary Email: _____

Primary Phone Number: _____ Phone Type: ☐ Mobile ☐ Home ☐ Work ☐ Other

May we send text message to this number (rates may apply) ☐ Yes ☐ No

ADDRESS

Home Address 1: _____

Home Address 2: _____

City: _____ State: _____ Zip Code: _____

Is this the best place to send mail? If not, please provide a mailing address:

In Care of:

Mailing Address 1: _____

Mailing Address 2: _____

City: _____ State: _____ Zip Code: _____

INCOME

Employment 1: Type: ☐ Full Time ☐ Part Time ☐ Seasonal

City: _____ State: _____ Zip Code: _____

Approximate Monthly Income: \$ _____ Pay Cash: ☐ Yes ☐ No

Employment 2: Type: ☐ Full Time ☐ Part Time ☐ Seasonal

City: _____ State: _____ Zip Code: _____

Approximate Monthly Income: \$ _____ Pay Cash: ☐ Yes ☐ No

Other total monthly income (Including tips, alimony, child support, pensions etc.): \$ _____

SCHOOL

Are you currently in School? ☐ Yes ☐ No

If yes: Type: ☐ High School(9-12) ☐ College or University ☐ 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 excluding periods for which he or she has been dishonorably discharged?* ☐ Yes ☐ No

If yes to a question above, please indicate the period of time served (check all that apply):

- | | |
|---|---|
| ☐ Currently serving | ☐ February 1955 to July 1964 |
| ☐ September 2001 or later | ☐ July 1950 to January 1955 (Korean War) |
| ☐ August 1990 to August 2001 (Persian Gulf) | ☐ January 1947 to July 1950 |
| ☐ May 1975 to July 1990 | ☐ December 1941 to December 1946 (World War II) |
| ☐ August 1964 to April 1975 (Vietnam) | ☐ November 1941 or earlier |

RACE/ETHNICITY

Optional (asked solely for HUD reporting purposes):

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

Race

Ethnicity

☐ White ☐ Alaska Native or Indian American ☐ Black or African American ☐ Asian ☐ Pacific Islander ☐ Other ☐ Would not like to disclose	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Would not like to disclose
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EMERGENCY CONTACT (optional):

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: _____ **Relationship:** ☐ Parent ☐ Child ☐ Sibling ☐ Other

What is your household's living condition? (Choose one option)

- ☐ Living in a permanent residence ☐ Living in a temporary residence
☐ Living in a shelter or hotel/motel ☐ Living in a place that is not normally used for housing

What is your current monthly rent?* \$ _____

What is your total monthly cost for utilities?* \$ _____

How many people live in your household?* # _____

How many bedrooms does the household require?* # _____

Is anyone in the Household: (Check All that Apply):

- ☐ Displaced due to a natural disaster?

Name / Disaster Type: _____

Disaster Date: _____ **Displacement Date:** _____

Disaster City: _____ **State:** _____ **Zip Code:** _____

- ☐ Displaced due to an action of the housing owner
- ☐ Displaced or will be displaced due to domestic violence
- ☐ Displaced due to hate crimes
- ☐ Displaced or will be displaced due to a government action
- ☐ Displaced or will be displaced due to the inaccessibility of a unit
- ☐ Has anyone in the family displaced to avoid reprisals or due to witness protection
- ☐ Fleeing the home due to dangerous conditions
- ☐ Living in substandard housing
- ☐ Living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities
- ☐ At serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities
- ☐ Currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA)

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Please complete one page for each additional member of your household.

HOUSEHOLD MEMBER

First name*: _____ Middle*: _____ Last name*: _____

Relationship to Head-of-Household*:

☐ Spouse/Partner ☐ Child ☐ Foster Child ☐ Parent ☐ Sibling ☐ Live-in-aide ☐ Other

Is this household member the co-applicant (only one per household)?* ☐ Yes ☐ No

Date of Birth*: _____ Gender*: ☐ Male ☐ Female

SSN or Alien ID #: _____

☐ I do not have a SSN or Alien ID # (a temporary number will be provided by PHA)

Disabled*: ☐ Yes ☐ No

U.S. Citizen*: ☐ Yes ☐ No

Email: _____

Phone Number: _____ Phone Type: ☐ Mobile ☐ Home ☐ Work ☐ Other

May we send text message to this number (rates may apply) ☐ Yes ☐ No

INCOME

Employment 1: Type: ☐ Full Time ☐ Part Time ☐ Seasonal

City: _____ State: _____ Zip Code: _____

Approximate Monthly Income: \$ _____ Pay Cash: ☐ Yes ☐ No

Employment 2: Type: ☐ Full Time ☐ Part Time ☐ Seasonal

City: _____ State: _____ Zip Code: _____

Approximate Monthly Income: \$ _____ Pay Cash: ☐ Yes ☐ No

Other total monthly income (Including tips, alimony, child support, pensions etc.): \$ _____

SCHOOL

Are you currently in School? ☐ Yes ☐ No

If yes: Type: ☐ Kindergarten ☐ Elementary School ☐ Middle School

☐ High School ☐ College or University ☐ Training

School City: _____ State: _____ Zip Code: _____

VETERAN STATUS

Has this household member ever served on active duty in the U.S. armed forces, reserves, or National Guard?* ☐ Yes ☐ No

Is this household member 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 excluding periods for which he or she has been dishonorably discharged?* ☐ Yes ☐ No

If yes, please indicate the period of time served (check all that apply):

☐ Currently serving

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RACE/ETHNICITY

Optional (asked solely for HUD reporting purposes):

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Race

- ☐ White
- ☐ Alaska Native or Indian American
- ☐ Black or African American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other
- ☐ Would not like to disclose

Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Would not like to disclose

MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

100 PARTICIPATING HOUSING AUTHORITIES

Abington H.A., 71 Shaw Ave., Abington, MA 02351	Melrose H.A., 910 Main St., Melrose, MA 02176
Acton H.A., 68 Windsor Ave., PO Box 681, Acton, MA 01720	Methuen H.A., 24 Mystic St., Methuen, MA 01844
Amesbury H.A., 180 Main St., Amesbury, MA 01913	Middleboro H.A., 8 Benton St., Middleboro, MA 02346
Amherst H.A., 33 Kellogg Ave., Amherst, MA 01002	Milford H.A., 45 Birmingham Court, Milford, MA 01757
Andover H.A., 100 Morton St., Andover, MA 01810	Millis H.A., c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Arlington H.A., 4 Winslow St., Arlington, MA 02474	Milton H.A., 65 Miller Ave., Milton, MA 02186
Attleboro H.A., 80 South Avenue, Attleboro, MA 02703	Natick H.A., 4 Cottage St., Natick, MA 01760
Bellingham H.A., 10 Wrentham Manor, Bellingham, MA 02019	Needham H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Belmont H.A., 59 Pearson Rd., Belmont, MA 02478	Newburyport H.A., 25 Temple St., Newburyport, MA 01950
Beverly H.A., 137 Rear Bridge St., Beverly, MA 01915	Newton H.A., 82 Lincoln Street, Newton Highlands, MA 02461
Billerica H.A., 16 River Street, Billerica, MA 01821	North Andover H.A., One Moreski Meadows, No. Andover, MA 01845
Bourne H.A., 871 Shore Rd., Pocasset, MA 02559	North Attleboro H.A., 20 S. Washington St. N. Attleboro, MA 02760
Braintree H.A., 25 Roosevelt St., Braintree, MA 02184	North Reading H.A., Peabody Ct., No. Reading, MA 01864
Bridgewater H.A., 10 Heritage Road, Bridgewater, MA 02324	Norwood H.A., 40 William Shyne Cir., Norwood, MA 02062
Brockton H.A., 45 Goddard Rd., PO Box 7070, Brockton, MA 02303	Oxford H.A., 23 Wheelock St., Oxford, MA 01540
Brookline H.A., 90 Longwood Ave., Brookline, MA 02446	Peabody H.A., 75 Central St., Ste. 2, Peabody, MA
Burlington H.A., 15 Birchcrest St., Burlington, MA 01803	Pembroke H.A., Kilcommons Drive, Pembroke, MA 02359
Chelmsford H.A., 10 Wilson St., Chelmsford, MA 01824	Plymouth H.A., 130 Court St., PO Box 3537, Plymouth, MA 02361
Chelsea H.A., 54 Locke St., Chelsea, MA 02150	Quincy H.A., 80 Clay Street, Quincy, MA 02170
Chicopee H.A., 128 Meetinghouse Rd., Chicopee, MA 01013	Reading H.A., 22 Frank Tanner Dr., Reading, MA 01867
Concord H.A., 34 Everett Street, Concord, MA 01742	Revere H.A., 82-84 Cooledge St., Revere, MA 02151
Danvers H.A., 14 Stone Street, Danvers, MA 01923	Rockland H.A., 8 Studley Court, Rockland, MA 02370
Dartmouth H.A., 2 Anderson Way, N. Dartmouth, MA 02747	Rockport H.A., 13 Millbrook Park, Rockport, MA 01966
Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026	Salem H.A., 27 Charter St., Salem, MA 01970
Dennis H.A., 167 Center St., So. Dennis, MA 02660	Salisbury H.A., 23 Beach Road, Salisbury, MA 01952
Dracut H.A., 971 Mammoth Rd., Dracut, MA 01826	Saugus H.A., 19 Talbot St., Saugus, MA 01906
Duxbury H.A., 59 Chestnut St., Duxbury, MA 02332	Shrewsbury H.A., 36 No. Quinsigamond Ave., Shrewsbury, MA 01545
Everett H.A., 393 Ferry St., Everett, MA 02149	Somerville H.A., 30 Memorial Road, Somerville, MA 02145
Fall River H.A., 180 Morgan St., Fall River, MA 02722	Southbridge H.A., 60 Charlton St., Southbridge, MA 01550
Falmouth H.A., 115 Scranton Avenue, Falmouth, MA 02540	Springfield H.A., PO Box 1609, Springfield, MA 01101
Fitchburg H.A., 50 Day Street, Fitchburg, MA 01420	Stockbridge H.A., PO Box 419, 5 Pine St., Stockbridge, MA 01262
Framingham H.A., 1 John J. Brady Dr., Framingham, MA 01702	Stoughton H.A., 4 Capen Street, Stoughton, MA 02072
Franklin Cty Reg. HRA, 241 Millers Falls Rd, Turners Falls, MA 01376	Taunton H.A., 30 Olney St., Taunton, MA 02780
Gardner H.A., 116 Church St., Gardner, MA 01440	Tewksbury H.A., Saunders Circle, Tewksbury, MA 01876
Gloucester H.A., P.O. Box 1599, Gloucester, MA 01931-1599	Wakefield H.A., 26 Crescent St., Wakefield, MA 01880
Greenfield H.A., One Elm Ter., Greenfield, MA 01301	Walpole H.A., 8 Diamond Pond Ter., Walpole, MA 02081
Halifax H.A., One Parsons Lane, Halifax, MA 02338	Waltham H.A., 110 Pond St., Waltham, MA 02451
Haverhill H.A., 25-C Washington Sq., Haverhill, MA 01831-2451	Ware H.A., 20 Valley View, Ware, MA 01082
Holbrook H.A., One Holbrook Court, Holbrook, MA 02343	Warren H.A., P.O. Box 3021, Warren, MA 01083
Holden H.A., 9 Flagler Drive, Holden, MA 01520	Watertown H.A., 55 Waverly Avenue, Watertown, MA 02472
Holliston H.A., 492 Washington St., Holliston, MA 01746	Wayland H.A., 106 Main St., Wayland, MA 01778
Holyoke H.A., 475 Maple St., Holyoke, MA 01040	Webster H.A., 10 Golden Heights, Webster, MA 01570
Hudson H.A., 8 Brigham Cir., Hudson, MA 01749	Wellesley H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Ipswich H.A., One Agawam Village, Ipswich, MA 01938	Westfield H.A., 12 Alice Burke Way, PO Box 99, Westfield, MA 01086
Lawrence H.A., 353 Elm Street, Lawrence, MA 01842	West Springfield H.A., 37 Oxford Pl., West Springfield, MA 01089
Leominster H.A., 100 Main St., Leominster, MA 01453	Weymouth H.A., 402 Essex St., Weymouth, MA 02188
Lexington H.A., One Countryside Village, Lexington, MA 02420	Winchendon H.A., 108 Ipswich Dr., Winchendon, MA 01475
Malden H.A., 89 Pearl St., Malden, MA 02148	Winchester H.A., 13 Westley St., Winchester, MA 01890
Marlborough CDA, 240 Main St., Marlborough, MA 01752	Woburn H.A., 59 Campbell St., Woburn, MA 01801
Medford H.A., 121 Riverside Ave., Medford, MA 02155	Worcester H.A., 40 Belmont St., Worcester, MA 01605

I CERTIFY THAT THE ENCLOSED 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 above.
Incomplete, photocopied, e-mailed, or faxed applications will not be accepted.

PHA USE ONLY:

Application Submitted Date:	Application ID:
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