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 na	ame:				Middle:				* Last	name:			
Primary Phone Number:						Phone 1	уре:	Mobile Home				Work 🗌 Other	
May we send text message to this number (rates may appl								·					Yes No
Primary Email:					* Date	e of Birth	of Birth: Gender:				r:		
* Disabled: Yes No SSN or Alien ID #:							I have no SSN or Alien ID # (temporary number will be provided by PHA)						
	Curent Living Situation Housing Costs												
* What is your household's living condition?							*W	* What is your current monthly rent or mortgage payment ?					*\$
Living in a permanent residence Living in a temporary residence							*W (hea	* What is your total monthly cost for utilities? (heat, hot water and electricity only)					*\$
Living in a shelter or hotel/motelLiving in a place that is not normally used for housing						ng	* Is you	* Is your household at risk of losing your current residence?				Yes No	
	Home Address												
In Care	In Care of:												
* Address 1:				Addı	ess 2:								
*City: *State:									* Zip Code:	;			
Is this th	ne best p	lace to send	mail?	' If not, ple	ase provide	e a maili	ng addres	s:					
					ļ	Mailin	g Addr	ess					
In Care of:													
Address	s 1:						Addı	ess 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	ast Name:							
Phone:						Relatio	nship: Parent Child Sibling Otl				Sibling		
Household													
* How n	* How many people live in your household?												
* How r	* How many bedrooms does the household require?								*#				

Employment & Other Income										
Employment 1:				Туре:	Full Tir	ne 🗌 Part	Time Seasonal			
City:		State:				Zip Code:				
Approximate Monthly	n: Yes No									
* Other total monthly	income (Including	SSI, SSDI, alimo	ony, child sup	port, per	nsions, etc.):		*\$			
			School							
*Student: Yes	☐ No If Yes, Sci	hool Name:				☐ Full	Time Part Time			
School Type: Kir	ndergarten 🗌 Elem	nentary (K-6)	Middle (6-8	3) Hig	sh (9-12)	College or Ur	niversity Training			
City:		State:				Zip Code:				
	Veteran Status									
Have you ever served	-		-	-			* Yes No			
Are you an ex-spouse, but who had ever sen	ved on active duty i	n the U.S. arm	ed forces, res	erves, or	National Gu	iard?	* Yes No			
If yes to a question above, please indicate years served:										
	Race				E	Ethnicity				
Optional: Asked solely	for HUD reporting	purposes.		Asked	solely for H	UD reporting	purposes:			
☐ White		Asian		His	spanic or Lati	no				
Black or African Am	_	Pacific Islander		_	t Hispanic or					
Alaska Native or Ind	lian American 🔲 (Other		Ŭ Wo	ould not like t	o disclose				
Household Member	2				Со-Ар	plicant (one	e per household)			
* First name:		Middle:		* L	ast name:					
* Relationship to Head	of Household:	Spouse/Partner	Parent	Child [Sibling	Foster child [Live in Aid Other			
* Date of Birth:	Gendo	er:	* U.S. Citize	en:	Yes No	* Disable	d: Yes No			
* SSN or Alien ID #:						n ID#(temporary number will be provided by PHA)				
Employment & Other Income										
Employment Monthly	Income: \$	1 1		Туре:	Full Tir	ne 🗌 Part	Time Seasonal			
City:		State:				Zip Code:				
Pay Cash: Yes	No *Othe	er total month	•	SI, Child Su	upport, Pensi	ons, Etc.)	\$			
			School							
*Student: Yes		hool Name:		. 🗆			Time Part Time			
<u></u>	ndergarten 📗 Elem	nentary (K-6)	Middle (6-8) U Hig	;h (9-12) 📗	College or Ur	niversity			
City:		State:	Mayor Chal			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, but who had ever serve							* Yes No			
				erves, or	National Gu	ıard?	T Tes NO			
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 Member 3				CO-A	phicant (one	e per household)			
* First name:		Middle:		* Last name:					
* Relationship to Head of	Household:	Spouse/Partner	r Parent C	nild Sibling	Foster child	Live in Aid Other			
* Date of Birth:	Ge	ender:	* U.S. Citizen:	Yes N	o * Disable	d: Yes No			
* SSN or Alien ID #:		·	☐ I have no SSI	N or Alien ID#(tempo	orary number wi	ll be provided by PHA)			
Employment & Other Income									
Employment Monthly Ir	ncome: \$		Ту	/pe: Full Ti	me 🗌 Part	Time Seasonal			
City:		State:			Zip Code:				
Pay Cash: Yes] No * 0	ther total month	nly income: (SSI, C	hild Support, Pens	ions, Etc.)	\$			
			School						
*Student: Yes	No If Yes,	School Name:			Ful	Time Part Time			
School Type: Kinde	ergarten 🗌 El	lementary (K-6) (Middle (6-8)	High (9-12)	College or U	niversity Training			
City:		State:			Zip Code:				
		V	eteran 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 abov	ve, please indic	cate years served	d:						
If yes to a question above, please indicate years served:									
Household Member 4				Co-Ar	oplicant (on	e per household) 🔲			
		Middle:		Co-Ap	oplicant (on	e per household) 🔲			
	Household:	Middle: Spouse/Partner	Parent Cr		pplicant (one	e per household)			
* First name:			Parent Cr	* Last name:	Foster child(Live in Aid Other			
* First name: * Relationship to Head of * Date of Birth:		Spouse/Partner	* U.S. Citizen:	* Last name: iild Sibling Yes No	Foster child (* Disable	Live in Aid Other			
* First name: * Relationship to Head of		Spouse/Partner	* U.S. Citizen:	* Last name: nild Sibling Yes Nor Alien ID#(temporal)	Foster child (* Disable	Live in Aid Other d: Yes No			
* First name: * Relationship to Head of * Date of Birth:	Gel	Spouse/Partner	*U.S. Citizen: I have no SSI	* Last name: nild Sibling Yes Nor Alien ID#(temporal)	Foster child (* Disable prary number wi	Live in Aid Other d: Yes No			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #:	Gel	Spouse/Partner	*U.S. Citizen: I have no SSI	* Last name: nild Sibling Yes No Nor Alien ID#(tempo	Foster child (* Disable prary number wi	Live in Aid Other d: Yes No Il be provided by PHA)			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In	Gencome: \$	Spouse/Partner nder: Employm State:	*U.S. Citizen: I have no SSI	* Last name: ild Sibling Yes No Nor Alien ID#(temporome ype: Full Ti	Foster child (b * Disable brary number wi me Part Zip Code:	Live in Aid Other d: Yes No Il be provided by PHA)			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City:	Gencome: \$	Spouse/Partner nder: Employm State:	*U.S. Citizen: I have no SSI nent & Other Inc	* Last name: ild Sibling Yes No Nor Alien ID#(temporome ype: Full Ti	Foster child (b * Disable brary number wi me Part Zip Code:	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes	Ger	Spouse/Partner nder: Employm State:	* U.S. Citizen: I have no SSI nent & Other Inc Ty	* Last name: ild Sibling Yes No Nor Alien ID#(temporome ype: Full Ti	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.)	Live in Aid Other d: Yes No Il be provided by PHA) Time Seasonal			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes * Student: Yes	ncome: \$ No * O	Spouse/Partner nder: Employm State: ther total month	* U.S. Citizen: I have no SSI nent & Other Inc Ty nly income: (SSI, Cl	* Last name: ild Sibling Yes No Nor Alien ID#(temporome ype: Full Ti	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.)	Live in Aid Other d: Yes No be provided by PHA) Time Seasonal \$ Time Part Time			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes * Student: Yes	Genome: \$ No * On No If Yes,	Spouse/Partner nder: Employm State: ther total month School Name:	* U.S. Citizen: I have no SSI nent & Other Inc Ty nly income: (SSI, Cl	* Last name: Yes No	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) Full	Live in Aid Other d: Yes No be provided by PHA) Time Seasonal \$ Time Part Time			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes * Student: Yes School Type: Kinde	Genome: \$ No * On No If Yes,	Spouse/Partner Inder: Employm State: ther total month School Name: lementary (K-6) (State:	* U.S. Citizen: I have no SSI nent & Other Inc Ty nly income: (SSI, Cl	* Last name: Yes No	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) Full College or Un	Live in Aid Other d: Yes No libe provided by PHA) Time Seasonal \$ Time Part Time niversity Training			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes * Student: Yes City: Kinde	Genome: \$ No * On the sergarten	Spouse/Partner Inder: Employm State: Ither total month School Name: Ilementary (K-6) (State: Von the U.S. armed	*U.S. Citizen: I have no SSI nent & Other Int Ty nly income: (SSI, CI School Middle (6-8) eteran Status forces, reserves, c	* Last name: Yes Nor Nor Alien ID # (temporary)	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) College or Ui Zip Code:	Live in Aid Other d: Yes No be provided by PHA) Time Seasonal \$ Time Part Time			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes * Student: Yes School Type: Kinde	Genome: \$ No * On the sergarten	Spouse/Partner Inder: Employm State: Ither total month School Name: Ilementary (K-6) (State: Von the U.S. armed	*U.S. Citizen: I have no SSI nent & Other Int Ty nly income: (SSI, CI School Middle (6-8) eteran Status forces, reserves, c	* Last name: Yes Nor Nor Alien ID # (temporary)	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) College or Ui Zip Code:	Live in Aid Other d: Yes No Jessen No			
* First name: * Relationship to Head of * Date of Birth: * SSN or Alien ID #: Employment Monthly In City: Pay Cash: Yes * Student: Yes City: Kinde	No If Yes, ergarten El	State: State: State: State: State: School Name: lementary (K-6) (State: Von the U.S. armed wer of a person way in the U.S. arm	* U.S. Citizen: I have no SSI Ty In the second of the s	* Last name: Yes Nor Nor Alien ID # (temporary)	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) College or Ui Zip Code:	Live in Aid Other d: Yes No Jessen No Jessen No Jessen No Jessen No			

				_		Required Field			
	Applic	cant Ho	usehold Con	ditions					
* Has anyone in your	household been displaced	or at risk	of being displace	d due to a nat	ural disaster?	* Yes No			
Name / Disaster Type:	Displacement [Date:							
Disaster City:		State: Zip Code:							
* Has anyone in your h owner/landlord?	* Yes No								
* Has anyone in the ho person who engages in	* Yes No								
*Has anyone in your ho	* Yes No								
* Has anyone in your h	* Has anyone in your household been displaced or at risk of being displaced due to a government action?								
* Has anyone in your h	ousehold been displaced or a	at risk of b	eing displaced due	to the inaccess	sibility of a unit?	* Yes No			
* Has anyone in your h in witness protection?	ousehold been displaced or a	at risk of b	eing displaced to a	void reprisals o	r due to being	* Yes No			
* Is anyone in your hou	sehold fleeing home due to	dangerous	conditions?			* Yes No			
* Are you currently livi	* 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?								
* Do you currently live	* 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	Y THAT THE ENCLOS	ED INFO	ORMATION IS	ACCURATE	AND COMP	LETE.			
I	ission of false information or er Program. I certify that I have er of contracts.		-	_					



Application ID:



* Signature of Head of Household:

Application Date:

For PHA use only

* Date: