

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:		Middle:		* Last name:		
Primary Phone Number:			Phone Type:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
May we send text message to this number (rates may apply)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Email:			* Date of Birth:		Gender:	
* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* SSN or Alien ID #:				<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)

Current Living Situation

* What is your household's living condition?

- 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

Housing Costs

* What is your current monthly rent or mortgage payment ?	* \$
* What is your total monthly cost for utilities? (heat, hot water and electricity only)	* \$
* Is your household at risk of losing your current residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address

In Care of:					
* Address 1:			Address 2:		
* City:		* State:		* Zip Code:	
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 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:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other	

Household

* How many people live in your household?	* #
* How many bedrooms does the household require?	* #

Employment & Other Income

Employment 1:		Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
City:		State:		Zip Code:	
Approximate Monthly Income from Employment 1:			\$	Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):					* \$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training				
City:		State:		Zip Code:	

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> 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?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____	

Race

Optional: Asked solely for HUD reporting purposes.

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

Ethnicity

Asked solely for HUD reporting purposes:

- | |
|---|
| <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Would not like to disclose |

Household Member 2

Co-Applicant (one per household)

* First name:		Middle:		* Last name:	
* Relationship to Head of Household: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other					
* Date of Birth:		Gender:		* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:				<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)	

Employment & Other Income

Employment Monthly Income:	\$	Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
City:		State:		Zip Code:	
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income: (SSI, Child Support, Pensions, Etc.)			\$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training				
City:		State:		Zip Code:	

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> 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?	* <input type="checkbox"/> Yes <input type="checkbox"/> 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-Applicant (one per household) <input type="checkbox"/>		
* First name:	Middle:	* Last name:			
* Relationship to Head of Household:	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other				
* Date of Birth:	Gender:	* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:	<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)				
Employment & Other Income					
Employment Monthly Income:	\$	Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
City:	State:	Zip Code:			
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income: (SSI, Child Support, Pensions, Etc.)	\$		
School					
* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training				
City:	State:	Zip Code:			
Veteran Status					
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?					* <input type="checkbox"/> Yes <input type="checkbox"/> 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?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____					

Household Member 4			Co-Applicant (one per household) <input type="checkbox"/>		
* First name:	Middle:	* Last name:			
* Relationship to Head of Household:	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other				
* Date of Birth:	Gender:	* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:	<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)				
Employment & Other Income					
Employment Monthly Income:	\$	Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
City:	State:	Zip Code:			
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income: (SSI, Child Support, Pensions, Etc.)	\$		
School					
* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training				
City:	State:	Zip Code:			
Veteran Status					
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?					* <input type="checkbox"/> Yes <input type="checkbox"/> 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?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____					

Applicant Household Conditions

* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name / Disaster Type:		Disaster Date:		Displacement Date:	
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?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* 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?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to hate crimes?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to a government action?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to the inaccessibility of a unit?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced to avoid reprisals or due to being in witness protection?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Is anyone in your household fleeing home due to dangerous conditions?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you currently living in substandard housing?				* <input type="checkbox"/> Yes <input type="checkbox"/> 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?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* 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?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Do you currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA 02169) ?				* <input type="checkbox"/> Yes <input type="checkbox"/> 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 Authorities 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 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:
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For PHA use only

Application ID: _____	Application Date: _____
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