

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

Housing Costs

* What is your household's living condition?	* What is your current monthly rent or mortgage payment?	* \$
<input type="checkbox"/> Living in a permanent residence	* What is your total monthly cost for utilities? (heat, hot water and electricity only)	* \$
<input type="checkbox"/> Living in a temporary residence	* Is your household at risk of losing your current residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Living in a shelter or hotel/motel		
<input type="checkbox"/> Living in a place that is not normally used for housing		

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)

* 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 #:		* Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
<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)

* 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 #:		* Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
<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:

For PHA use only

Application ID: _____ Application Date: _____

PRE-APPLICATION INFORMATION

You must complete all required fields on the pre-application in order to be added to the waitlist. Required fields are marked with an asterisk (*) on the pre-application. These pre-application fields 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. The list below shows more detailed information on the fields included on the pre-application. If you have questions or need additional information about completing your pre-application please contact a participating housing authority.

1. Head-of-Household

An adult family member and is an individual in the household who is responsible for ensuring that the family fulfills all of its responsibilities while on the waitlist.

2. Co-Applicant

A Co-Applicant is an individual in the household who is equally responsible with the head-of-household for ensuring that the family fulfills all of its responsibilities on the waitlist. A Co-Applicant may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').

3. Living in a permanent residence

Currently living in unit with a signed/current lease or own your home/paying mortgage.

4. Living in a temporary residence

Temporarily staying with family, friends, faith-based or other social networks.

5. Living in a shelter or hotel/motel

Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

6. Living in a place not normally used for housing

Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

7. At a risk of losing current residence/housing

At risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

8. Current Address

Your current address is used to determine your residency which may be used by some PHAs for local residency preferences. PHAs may also send mail to you at this address if you do not provide a different mailing address. If you do not live in a permanent residence you do not need to provide a street address. Please provide an alternate method of communication if you do not have a current address or mailing address, like a phone number or email.



9. Best Place to Send Mail

Applicants with no current address or those who would like mail sent by PHAs sent to a different address, may enter an alternate address.

10. Housing Costs (rent/mortgage payment and utility costs)

This information is used to determine if your family is 'rent burdened' by the PHA standards. Utilities include heat, hot water and electricity only.

11. Emergency Contacts

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.

12. Bedroom size

Amount of bedrooms needed for your household. Final bedroom size for the household is determined by the standards set in the PHA policy.

13. U.S. Citizen

Assistance in subsidized housing is restricted to households with at least one member who is a U.S. citizens or national or is a noncitizen with eligible immigration status.

14. SSN, Alien ID, Temp ID

Your Social Security number or Alien ID number is used to identify your application on the waitlist. It is not required to provide a SSN on your pre-application. You may enter request a temporary ID to use in place of a SSN or Alien ID Number. You can later update your SSN if you receive one. To help protect your identity, SSNs are encrypted on our secure database and are not fully viewable to most PHA staff.

15. Emancipated Minor

Minors who are emancipated under state law may be designated as head-of-household, spouse or co-head.

16. Employment Income and Location

Indicate your total monthly income from each job, including all wages, tips, bonus and commission. Location of your job may be used for local residency preference on the waitlist for some PHAs.

17. Other Income (non-employment income)

Any other source of income you receive which may include: Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self-Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

18. Family Total Income

A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income earned by live-in-aides.



19. Disabled

Indicate whether a household member is a persons with disabilities. PHAs may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability (A PHA does not adopt a preference for persons with a specific disability).

20. Student

If a household member is in school it may affect how your total family income is calculated. PHAs may also give local residency preference to those attending school in their area.

21. Veteran

Served on active duty in the U.S. armed forces, reserves, or National Guard excluding periods for which the applicant was dishonorably discharged. Please indicate years served.

22. Eligible Veteran

May be 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.

23. Race/Ethnicity

This is an optional field which is used for HUD statistical purposes only.

24. Has anyone in your household been displaced due to a natural disaster?

Displaced due to a natural disaster, such as a fire or flood, which has left your housing unit uninhabitable. Please indicate the type, time and location of the disaster.

25. Has your household been displaced or will be displaced due to an action of your housing owner/landlord?

Displaced due to an action taken by a housing owner/landlord that forced you to vacate your unit and that you were unable to prevent.

26. 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?

Displaced due to domestic violence or currently living in a unit with a person who engages in violence which occurred recently or is of a continuing nature. "Domestic Violence" means an actual or threatened physical violence directed against one or more members of your family by a member of the household.

27. Has your household been displaced or will be displaced due to hate crimes?

Displaced due to a household member(s) that is the victim of a hate crime(s) which occurred recently or is of a continuing nature. A "Hate crime" means an actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status.

28. Has anyone in the household been displaced or will be displaced due to a government action?

Displaced due to an activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.



- 29. Has anyone in the household been displaced or will be displaced due to the inaccessibility of a unit?**
Displaced due to a household member with mobility, or other impairment, that made them unable to use critical elements of the housing unit.
- 30. Has anyone in the family been displaced to avoid reprisals or due to witness protection?**
Displaced due to a household member(s) providing information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing your family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
- 31. Are you or any household member fleeing home due to dangerous conditions?**
Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence.
- 32. Are you currently living in substandard housing?**
Family that resides in a unit which does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or has one or more critical defects or combination of intermediate defects in sufficient number, in need of considerable repair or rebuilding (won't pass an inspection).
- 33. 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?**
Includes, but not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.
- 34. Are you or a household member at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and traditional housing, intended for individuals with disabilities?**
Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, currently living alone but requiring supportive services for independent living.

