**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

<table>
<thead>
<tr>
<th>First name:</th>
<th>Middle:</th>
<th>Last name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Phone Number: [

**Phone Type:**
- [ ] Mobile
- [ ] Home
- [ ] Work
- [ ] Other

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

**Primary Email:**

### 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

**Is your household at risk of losing your current residence?**  
[ ] Yes  [ ] No

### Current Address

In Care of: 

<table>
<thead>
<tr>
<th>Address 1:</th>
<th>Address 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Mailing Address

In Care of: 

<table>
<thead>
<tr>
<th>Address 1:</th>
<th>Address 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)  
* $  

### Emergency Contact

Please provide additional contacts in case we need to get in touch with you about your waitlist status.

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parent Child Sibling Other</td>
</tr>
</tbody>
</table>

### Household

**How many people live in your household?**  
* #

**How many bedrooms does the household require?**  
* #

### Head-of-Household

**Date of Birth:**

<table>
<thead>
<tr>
<th>Gender:</th>
<th>U.S. Citizen:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

**SSN or Alien ID #:**

- [ ] I have no SSN or Alien ID # (temporary number will be provided by PHA)

**Disabled:**

- [ ] Yes  [ ] No
**Head-of-Household Employment & Other Income**

<table>
<thead>
<tr>
<th>Employment 1:</th>
<th>Type:</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Seasonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

**Approximate Monthly Income from Employment 1:** $ Pay Cash: [ ] Yes [ ] No

Hours per week: * Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.): * $

**Head-of-Household School**

* Student: [ ] Yes [ ] No If Yes, School Name: 

<table>
<thead>
<tr>
<th>School Type:</th>
<th>Kindergarten</th>
<th>Elementary (K-6)</th>
<th>Middle (6-8)</th>
<th>High (9-12)</th>
<th>College or University</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Head-of-Household 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? [ ] Yes [ ] No

If yes to a question above, please indicate years served: ____________________

**Head-of-Household Race**

[ ] White [ ] Asian
[ ] Black or African American [ ] Pacific Islander
[ ] Alaska Native or Indian American [ ] Other

**Head-of-Household Ethnicity**

Asked solely for HUD reporting purposes:

[ ] Hispanic or Latino [ ] Not Hispanic or Latino
[ ] Would not like to disclose

**Household Member 2**

* 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)

**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**

<table>
<thead>
<tr>
<th>Employment Monthly Income:</th>
<th>$</th>
<th>Type:</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Seasonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
<td>Zip Code:</td>
<td>Pay Cash:</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

Hours per week: * Other total monthly income (SSI, Child Support, Pensions, Etc.): * $

**School**

* Student: [ ] Yes [ ] No If Yes, School Name: 

<table>
<thead>
<tr>
<th>School Type:</th>
<th>Kindergarten</th>
<th>Elementary (K-6)</th>
<th>Middle (6-8)</th>
<th>High (9-12)</th>
<th>College or University</th>
<th>Training</th>
</tr>
</thead>
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<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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? [ ] Yes [ ] 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.

**Household Member 3**

* Required Field

- **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:**
- **Zip Code:**
- **Pay Cash:**
  - Yes
  - No

- **Hours per week:**

- **Other total monthly income:** (SSI, Child Support, Pensions, Etc.) $

**School**

- **Student:**
  - Yes
  - No

- **If Yes, School Name:**

- **School Type:**
  - Kindergarten
  - Elementary (K-6)
  - Middle (6-8)
  - High (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?
  - Yes
  - No

- If yes to a question above, please indicate years served:

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**Household Member 4**

- **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:**
- **Zip Code:**
- **Pay Cash:**
  - Yes
  - No

- **Hours per week:**

- **Other total monthly income:** (SSI, Child Support, Pensions, Etc.) $

**School**

- **Student:**
  - Yes
  - No

- **If Yes, School Name:**

- **School Type:**
  - Kindergarten
  - Elementary (K-6)
  - Middle (6-8)
  - High (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?
  - Yes
  - No

- If yes to a question above, please indicate years served:
**Required Field**

**Applicant Household Conditions**

<table>
<thead>
<tr>
<th>* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?</th>
<th>* Yes  □ No  □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / Disaster Type:</td>
<td>Disaster Date:</td>
</tr>
<tr>
<td>State:</td>
<td>Displacement Date:</td>
</tr>
<tr>
<td>Disaster City:</td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord? * Yes  □ 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? * 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  □

* 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 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 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 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 asterisk (*). 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 102 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: __________________________