

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

←Applicant: Mail application to any address on the last page, or click the yellow button below and apply online

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

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 | | |
| * 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) | |

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?

☐ Yes ☐ 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 |
| * 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) <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 |
| * 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: _____



Return completed application to ONE participating housing authority NEAREST TO YOU or
APPLY ONLINE at www.section8listmass.org.

Incomplete, photocopied, e-mailed or faxed applications will not be accepted.

Participating housing authorities may have **additional housing assistance programs available**. Please **contact them directly** to request information and applications for any additional housing assistance.

Participating Housing Authorities:

Abington Housing Authority, 71 Shaw Ave., Abington, MA 02351
Acton Housing Authority, 68 Windsor Ave., PO Box 681, Acton, MA 01720
Amesbury Housing Authority, 180 Main St., Amesbury, MA 01913
Amherst Housing Authority, 33 Kellogg Ave., Amherst, MA 01002
Andover Housing Authority, 100 Morton St., Andover, MA 01810
Arlington Housing Authority, 4 Winslow St., Arlington, MA 02474
Attleboro Housing Authority, 80 South Avenue, Attleboro, MA 02703
Bellingham Housing Authority, 10 Wrentham Manor, Bellingham, MA 02019
Belmont Housing Authority, 59 Pearson Rd., Belmont, MA 02478
Beverly Housing Authority, 137 Rear Bridge St., Beverly, MA 01915
Bourne Housing Authority, 871 Shore Rd., Pocasset, MA 02559
Braintree Housing Authority, 25 Roosevelt St., Braintree, MA 02184
Bridgewater Housing Authority, 10 Heritage Road, Bridgewater, MA 02324
Brockton Housing Authority, 45 Goddard Rd., PO Box 7070, Brockton, MA 02303
Brookline Housing Authority, 90 Longwood Ave., Brookline, MA 02446
Burlington Housing Authority, 15 Birchcrest St., Burlington, MA 01803
Chelmsford Housing Authority, 10 Wilson St., Chelmsford, MA 01824
Chelsea Housing Authority, 54 Locke St., Chelsea, MA 02150
Chicopee Housing Authority, 128 Meetinghouse Rd., Chicopee, MA 01013
Concord Housing Authority, 34 Everett Street, Concord, MA 01742
Danvers Housing Authority, 14 Stone Street, Danvers, MA 01923
Dartmouth Housing Authority, 2 Anderson Way, N. Dartmouth, MA 02747
Dedham Housing Authority, 163 Dedham Blvd., Dedham, MA 02026
Dennis Housing Authority, 167 Center St., So. Dennis, MA 02660
Dracut Housing Authority, 971 Mammoth Rd., Dracut, MA 01826
Duxbury Housing Authority, 59 Chestnut St., Duxbury, MA 02332
Everett Housing Authority, 393 Ferry St., Everett, MA 02149
Fall River Housing Authority, 180 Morgan St., Fall River, MA 02722
Fitchburg Housing Authority, 50 Day Street, Fitchburg, MA 01420
Framingham Housing Authority, 1 John J. Brady Dr., Framingham, MA 01702
Gardner Housing Authority, 116 Church St., Gardner, MA 01440
Gloucester Housing Authority, P.O. Box 1599, Gloucester, MA 01931-1599
Greenfield Housing Authority, One Elm Ter., Greenfield, MA 01301
Halifax Housing Authority, One Parsons Lane, Halifax, MA 02338
Haverhill Housing Authority, 25-C Washington Sq., Haverhill, MA 01831-2451
Holbrook Housing Authority, One Holbrook Court, Holbrook, MA 02343
Holden Housing Authority, 9 Flagler Drive, Holden, MA 01520
Holliston Housing Authority, 492 Washington St., Holliston, MA 01746
Holyoke Housing Authority, 475 Maple St., Holyoke, MA 01040
Hudson Housing Authority, 8 Brigham Cir., Hudson, MA 01749
Ipswich Housing Authority, One Agawam Village, Ipswich, MA 01938
Lawrence Housing Authority, 353 Elm Street, Lawrence, MA 01842
Leominster Housing Authority, 100 Main St., Leominster, MA 01453
Lexington Housing Authority, One Countryside Village, Lexington, MA 02420
Malden Housing Authority, 89 Pearl St., Malden, MA 02148
Marlborough CDA - Housing Division, 240 Main St., Marlborough, MA 01752
Medford Housing Authority, 121 Riverside Ave., Medford, MA 02155
Melrose Housing Authority, 910 Main St., Melrose, MA 02176

Methuen Housing Authority, 24 Mystic St., Methuen, MA 01844
Middleboro Housing Authority, 8 Benton St., Middleboro, MA 02346
Milford Housing Authority, 45 Birmingham Court, Milford, MA 01757
Millis Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Milton Housing Authority, 65 Miller Ave., Milton, MA 02186
Natick Housing Authority, 4 Cottage St., Natick, MA 01760
Needham Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Newburyport Housing Authority, 25 Temple St., Newburyport, MA 01950
Newton Housing Authority, 82 Lincoln Street, Newton Highlands, MA 02461
North Andover Housing Authority, One Moreski Meadows, No. Andover, MA 01845
North Attleboro Housing Authority, PO Box 668, North Attleboro, MA 02761
North Reading Housing Authority, Peabody Ct., No. Reading, MA 01864
Norwood Housing Authority, 40 William Shyne Cir., Norwood, MA 02062
Oxford Housing Authority, 23 Wheelock St., Oxford, MA 01540
Peabody Housing Authority, 75 Central St., Ste. 2, Peabody, MA
Pembroke Housing Authority, Kilcommons Drive, Pembroke, MA 02359
Plymouth Housing Authority, 130 Court St., PO Box 3537, Plymouth, MA 02361
Quincy Housing Authority, 80 Clay Street, Quincy, MA 02170
Reading Housing Authority, 22 Frank Tanner Dr., Reading, MA 01867
Revere Housing Authority, 82-84 Cooledge St., Revere, MA 02151
Rockland Housing Authority, 8 Studley Court, Rockland, MA 02370
Rockport Housing Authority, 13 Millbrook Park, Rockport, MA 01966
Salem Housing Authority, 27 Charter St., Salem, MA 01970
Salisbury Housing Authority, 23 Beach Road, Salisbury, MA 01952
Saugus Housing Authority, 19 Talbot St., Saugus, MA 01906
Shrewsbury Housing Authority, 36 No. Quinsigamond Ave., Shrewsbury, MA 01545
Somerville Housing Authority, 30 Memorial Road, Somerville, MA 02145
Southbridge Housing Authority, 60 Charlton St., Southbridge, MA 01550
Springfield Housing Authority, PO Box 1609, Springfield, MA 01101
Stockbridge Housing Authority, PO Box 419, 5 Pine St., Stockbridge, MA 01262-0419
Stoughton Housing Authority, 4 Capen Street, Stoughton, MA 02072
Taunton Housing Authority, 30 Olney St., Taunton, MA 02780
Tewksbury Housing Authority, Saunders Circle, Tewksbury, MA 01876
Wakefield Housing Authority, 26 Crescent St., Wakefield, MA 01880
Walpole Housing Authority, 8 Diamond Pond Ter., Walpole, MA 02081
Waltham Housing Authority, 110 Pond St., Waltham, MA 02451
Ware Housing Authority, 20 Valley View, Ware, MA 01082
Warren Housing Authority, P.O. Box 3021, Warren, MA 01083
Watertown Housing Authority, 55 Waverly Avenue, Watertown, MA 02472
Wayland Housing Authority, 106 Main St., Wayland, MA 01778
Webster Housing Authority, 10 Golden Heights, Webster, MA 01570
Wellesley Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Westfield Housing Authority, 12 Alice Burke Way, PO Box 99, Westfield, MA 01086
West Springfield Housing Authority, 37 Oxford Pl., West Springfield, MA 01089
Weymouth Housing Authority, 402 Essex St., Weymouth, MA 02188
Winchendon Housing Authority, 108 Ipswich Dr., Winchendon, MA 01475
Winchester Housing Authority, 13 Westley St., Winchester, MA 01890
Woburn Housing Authority, 59 Campbell St., Woburn, MA 01801
Worcester Housing Authority, 40 Belmont St., Worcester, MA 01605

