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	me:				Middle:				* Last	name:			
Primary Phone Number:					Phone Ty	/pe:	: Mobile Home				Work Other		
May we send text message to this number (rates may ap						apply)							Yes No
Primary Email:			* Date	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)					n ID # (temporary ded by PHA)	
Curent Living Situation Housing Costs													
_	* What is your household's living condition?						*Wh	* What is your current monthly rent or mortgage payment ?					*\$
Living in a permanent residenceLiving in a temporary residence							* 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 your	* Is your household at risk of losing your current residence?					Yes No
	Home Address												
In Care	In Care of:												
* Addres	Idress 1:					Addre	ess 2:						
* City:		* State:									* Zip Code:		
Is this the	Is this the best place to send mail? If not, please provide a mailing address:												
	Mailing Address												
In Care of:													
Address	1:					_	Addre	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 N	lame	:					
Phone:						Relation	ship:		☐ Parent ☐ Child ☐ Sibling ☐ Oth				
Household													
* How many people live in your household?								*#					
* How many bedrooms does the household require?							*#						

Employment & Other Income										
Employment 1:				Туре:	Full Time	e 🗌 Part -	Time			
City:		State:			z	ip Code:				
Approximate Mont	thly Income fron	n Employment 1:		\$	Pay Cash	: Yes No				
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):										
	School									
* Student: Yes	Student: Yes No If Yes, School Name: Full Time Part Tim									
School Type:	Kindergarten	Elementary (K-6)) Middle (6-8	3) 🗌 Hig	gh (9-12) C	ollege or Un	iversity			
City:		State:			Z	ip Code:				
			Veteran Statu	IS						
Have you ever serv		•				ادادمادد	* Yes No			
Are you an ex-spou but who had ever s	served on active	dower of a persoi duty in the U.S. a	rmed forces, res	er a men erves, or	National Gua	usenoia rd?	* Yes No			
If yes to a question	If yes to a question above, please indicate years served:									
	Race	2			Et	hnicity				
Optional: Asked sol	ely for HUD repo	orting purposes.		Asked	solely for HUI	O reporting	purposes:			
White		Asian		His	spanic or Latino)				
☐ Black or African	American	Pacific Island	ler	☐ No	ot Hispanic or La	atino				
Alaska Native or	Indian American	Other		☐ Wo	ould not like to	disclose				
Household Memb	or 2				Co-Appl	icant (one	per household)			
* First name:	C1 2	Middle:		* L	ast name:	icane (one	per nousenoid)			
* Relationship to He	ad of Household:	Spouse/Partr	ner	Child (Sibling Fo	oster child	Live in Aid Other			
* Date of Birth:		Gender:	* U.S. Citize	en:	Yes No	* Disabled	l: Yes No			
* SSN or Alien ID #:			I have no SSN or Alien ID # (temporary number will be provided by PHA)							
	Employment & Other Income									
Employment Mont	thly Income: \$			Туре:	Full Time	Part Part	Time Seasonal			
City:		State:			Z	ip Code:				
Pay Cash: Ye	es No	* Other total mor	nthly income: (S	SI, Child Sı	upport, Pensior	ns, Etc.)	\$			
School										
* Student: Yes	s No If Y	es, School Name:				Full ⁻	Time Part Time			
School Type:	Kindergarten	Elementary (K-6)	Middle (6-8	B) Hig	sh (9-12) 🔲 Co	ollege or Uni	iversity Training			
City:		State:			Z	ip Code:				
Veteran Status Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard? * Yes No										
	Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard? * Yes									
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 N										
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	pricant (on	e per household) 🔲			
* First name:		Middle:		* Last name:					
* Relationship to Head of H	ousehold:	Spouse/Partne	r 🗌 Parent 🗌 Cl	nild Sibling	Foster child	Live in Aid Other			
* Date of Birth:	Ger	nder:	* U.S. Citizen:	Yes N	o * Disable	d: Yes No			
* SSN or Alien ID #:	·	·	☐ I have no SS	N or Alien ID#(tempo	orary number w	ill be provided by PHA)			
Employment & Other Income									
Employment Monthly Inc	ome: \$		Ty	/pe: Full Ti	me 🗌 Part	Time Seasonal			
City:		State:			Zip Code:				
Pay Cash: Yes	No * O 1	ther total montl	hly income: (SSI, C	hild Support, Pens	ions, Etc.)	\$			
			School						
*Student: Yes 1	No If Yes,	School Name:			Ful	l Time Part Time			
School Type: Kinder	garten 🗌 El	ementary (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 a						* Yes No			
Are you an ex-spouse, wid but who had ever served	low, or widov on active dut	ver of a person v y in the U.S. arm	who is no longer a ned forces, reserv	n member of the les, or National G	household uard?	* Yes No			
If yes to a question above, please indicate years served:									
ii yes to a question above, picase maicate years served.									
Household Member 4				Co-Ar	oplicant (on	e per household)			
		Middle:		Co-Ap	oplicant (on	e per household)			
* First name:	ousehold:	Middle: Spouse/Partner	r		p plicant (on	e per household)			
* First name: * Relationship to Head of He * Date of Birth:			r Parent Ch	* Last name:	Foster child(Live in Aid Other			
* First name: * Relationship to Head of He * Date of Birth:		Spouse/Partner	* U.S. Citizen:	* Last name: nild Sibling Yes No	Foster child (* Disable	Live in Aid Other			
* First name: * Relationship to Head of He		Spouse/Partner	* U.S. Citizen:	* Last name: nild Sibling Yes NorAlien ID#(tempo	Foster child (* Disable	Live in Aid Other d: Yes No			
* First name: * Relationship to Head of He * Date of Birth:	Ger	Spouse/Partner	* U.S. Citizen: I have no SS nent & Other In	* Last name: nild Sibling Yes NorAlien ID#(tempo	Foster child (* Disable prary number wi	Live in Aid Other d: Yes No			
* First name: * Relationship to Head of He * Date of Birth: * SSN or Alien ID #:	Ger	Spouse/Partner	* U.S. Citizen: I have no SS nent & Other In	* 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 He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco	Ger	Spouse/Partner nder: Employn State:	* U.S. Citizen: I have no SS nent & Other In	* Last name: nild Sibling Yes No Nor Alien ID#(temporome ype: Full Tile	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 He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco	Ger	Spouse/Partner nder: Employn State:	* U.S. Citizen: I have no SS Ty	* Last name: nild Sibling Yes No Nor Alien ID#(temporome ype: Full Tile	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 He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes	ome: \$	Spouse/Partner nder: Employn State:	* U.S. Citizen: I have no SSI nent & Other In Ty	* Last name: nild Sibling Yes No Nor Alien ID#(temporome ype: Full Tile	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 He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes * Student: Yes	ome: \$ No *Ot	Spouse/Partner mder: Employm State: ther total month	* U.S. Citizen: I have no SSI nent & Other In Ty Ty Ty Ty Ty Ty Ty Ty	* Last name: nild Sibling Yes No Nor Alien ID#(temporome ype: Full Tile	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.)	Live in Aid Other d: Yes No Ilbe provided by PHA) Time Seasonal \$ Time Part Time			
* First name: * Relationship to Head of He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes * Student: Yes	ome: \$ No *Ot	Spouse/Partner mder: Employn State: ther total month	* U.S. Citizen: I have no SSI nent & Other In Ty Ty Ty Ty Ty Ty Ty Ty	* Last name: A Last name:	Foster child (* Disable orary number with the practical properties of the properties o	Live in Aid Other d: Yes No Ilbe provided by PHA) Time Seasonal \$ Time Part Time			
* First name: * Relationship to Head of He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes * Student: Yes Kinders	ome: \$ No *Ot	Spouse/Partner nder: Employn State: ther total month School Name: ementary (K-6) State:	* U.S. Citizen: I have no SSI nent & Other In Ty Ty Ty Ty Ty Ty Ty Ty	* Last name: A Last name:	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 He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes * Student: Yes Kinders City: Have you ever served on a	ome: \$ No *Ot No If Yes, searten	Spouse/Partner mder: Employn State: ther total month School Name: ementary (K-6) State: V the U.S. armed	* U.S. Citizen: I have no SSI nent & Other In Ty Ty hly income: (SSI, C School Middle (6-8) Geteran Status forces, reserves, 1	* Last name: Yes	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) College or Ui Zip Code:	Live in Aid Other d: Yes No Ilbe provided by PHA) Time Seasonal \$ Time Part Time			
* First name: * Relationship to Head of He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes * Student: Yes Kinder City:	ome: \$ No *Ot No If Yes, searten	Spouse/Partner mder: Employn State: ther total month School Name: ementary (K-6) State: V the U.S. armed	* U.S. Citizen: I have no SSI nent & Other In Ty Ty hly income: (SSI, C School Middle (6-8) Geteran Status forces, reserves, 1	* Last name: Yes	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) College or Ui Zip Code:	Live in Aid Other d: Yes No Description Description			
* First name: * Relationship to Head of He * Date of Birth: * SSN or Alien ID #: Employment Monthly Inco City: Pay Cash: Yes * Student: Yes Kinders City: Have you ever served on a	ome: \$ No *Ot No If Yes, 9 garten Ele active duty in low, or widow on active duty	State: State: State: State: State: State: State: White U.S. armed wer of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were of a person were in the U.S. armed were in th	* U.S. Citizen: Ihave no SSI Ih	* Last name: Yes	Foster child (* Disable prary number wi me Part Zip Code: ions, Etc.) College or Ui Zip Code:	Live in Aid Other d: Yes No Yes No Seasonal Time Part Time Iniversity Training Yes No			

						Required Field			
	Applio	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: Disaster Date:						Date:			
Disaster City:		State: Zip Code:							
* Has anyone in your h owner/landlord?	* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord?								
* Has anyone in the ho person who engages in	* 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?								
*Has anyone in your h	•	* Yes No							
* Has anyone in your h	ousehold been displaced or a	at risk of b	eing displaced due	to a governme	nt action?	* Yes No			
* Has anyone in your h	ousehold been displaced or a	at risk of b	eing displaced due	to the inaccess	ibility 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 ho	usehold fleeing home due to	dangerous	conditions?			* Yes No			
* Are you currently livi	ng 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?								
_	* 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 CERTI	FY THAT THE ENCLOS	ED INFO	ORMATION IS	ACCURATE	AND COMP	LETE.			
	nission 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: