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 na	ame:				
Primary Phone	Number:				Phone Typ	e:	□ Мо	bile	☐ Home	□ W	ork (Othe
May we send text r	message to th	is number (rates m	ay apply)	Ye:	s 🗌 No	F	Primary mail:					
Current Living Situation												
* What is your	household	's living conditio	n?									
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?												
			C	urren	t Addres	S						
In Care of:								***************************************				
* Address 1:				,,,,	Address	32:						
* City:			* State:	V					* Zip Code:			
Is this the best p	Is this the best place to send mail? If not, please provide a mailing address:											
Mailing Address												
In Care of:												
Address 1:			. ,		Address	32:						
City:			State:						Zip Code:			
1 2 2	Housing Costs											
* What is your cu mortgage payn	urrent mon nent?	thly rent or	*\$		* What is (heat, ho	yo ot v	ur total mo vater and	onthly o electri	ost for utilitie i city only)	es?	*\$	
			En	nerger	ncy Conta	ac	t					
Please provide additional contacts in case we need to get in touch with you about your waitlist status.												
First Name:					Last Na	me	e:	,				
Phone:	J. W. W. 1911 . 11. 11	No. 1. The second secon			Relationsh	ip:	Pa	arent	Child	Sib	ling	Othe
Household												
		your househol									#	
* How many be	edrooms do	es the househo			Househo	S Je	<u> </u>	silve M <u>v</u>		*	#	randos agras
* Date of			ПЄ	Gend		<i>1</i> 10			* U.S. Citiz	en:	Yes	No
* SSN or Alien ID #:				ave no SSN	N or Alien ID# number will be	pro	vided bv PH	A)	* Disable		Yes	



		Josef &	: Houselse	r household.	nont?)ther lee	ome -	* Required Fie	
		neau-o	f-Househol	u =mpioyii	llellf & C				
Employment 1:					Type:	Full T	ime 🗌 Pa	rt Time 🔲 Seasonal	
City:			State:				Zip Code:		
Approximate M	onthly Income	from Em	ployment 1:			\$	Pay Ca	nsh: Yes No	
Hours per week:		* Other to	tal monthly inco	ome (Including S	SI, SSDI, alim	nony, child su	pport, pension	ns, etc.):	
			Head-o	f-Househo	ld Scho	ol			
* Student:	Yes 🗌 No	If Yes, S	School Name:				F	ull Time 🔲 Part Time	
School Type:	Kindergarte	en 🗌 Ele	ementary (K-6)	Middle (6	-8) 🗌 Hig	gh (9-12)	College or	University Training	
City:			State:				Zip Code:		
			Head-of-	Household Ve	eteran Sta	lus	·		
Have you ever s								* Yes No	
Are you an ex-s but who had ev	pouse, widow, er served on a	or widow ctive duty	er of a persor / in the U.S. ar	who is no lor med forces, re	ger a mer eserves, or	nber of the National C	household Guard?	* Yes No	
If yes to a quest	tion above, ple	ase indica	ate years serv	ed:					
	Head-of-He	ouseho	ld Race			Head-o	f-Househ	old Ethnicity	
Optional: Asked solely for HUD reporting purposes. Asked solely for HUD reporting purposes:									
White Asian Hispanic or Latino									
☐ Black or African American ☐ Pacific Islander ☐ Not Hispanic or Latino									
Alaska Native	e or Indian Ame	rican [) Other]	ould not like	to disclose		
Household Me	mber 2						pplicant (o	ne per household) [
Household Member 2 Co-Applicant (one per house * First name: * Last name:									
* Relationship to	Head of House	hold:		er Parent	L Child (Sibling [Foster child	Live in Aid Othe	
* Date of Birth:			der:	* U.S. Citi	T		lo * Disab		
* SSN or Alien ID #: I have no SSN or Alien ID # (temporary number will be provided by PHA)									
			Employ	ment & Oth	er Incom	e			
Employment M	onthly Income	e: \$			Туре:	Full T	ime 🗌 Pa	rt Time 🔲 Seasona	
City:		State:	State:			e:	Pay Ca	sh: Yes No	
Hours per week: *Other total monthly income: (SSI, Child Support, Pensions, Etc.) \$									
School									
	Yes No		School Name:					ull Time Part Time	
* Student:			ementary (K-6)	∭ Middle (6	-8) 🔲 Hig	sh (9-12)	College or	University [] Training	
School Type:	Kindergarte	en 🗀 Ei					ł		
	☐ Kindergarte	en U Ele	State:			Takinayyasiya	Zip Code:		
School Type:			State:	Veteran Stat		tional C		* 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.

* Required Field

Household Member 3					Co-Aŗ	oplicant (on	ne per household) 🔲		
* First name:	М	iddle:		* La	st name:				
* Relationship to Head of Househ	old: Spou	se/Partner	Parent [Child	Sibling [Foster child	Live in Aid Other		
* Date of Birth:	Gender:		* U.S. Citize	en: 📄 🗀 🔌	Yes 🗌 N	o * Disabl	ed: Yes No		
* SSN or Alien ID #: I have no SSN or Alien ID # (temporary number will be provided by P									
Employment & Other Income									
Employment Monthly Income:	\$			Туре:	Full Ti	me 🗌 Par	rt Time Seasonal		
City:	State:			Zip Code	:	Pay Cas	sh: Yes No		
Hours per week:	* Other total monthly income: (SSI,					ions, Etc.)	\$		
		AAARA WAA	School						
*Student: Yes No	If Yes, School						Ill Time Part Time		
School Type:	n 🗌 Elementa	ary (K-6)	Middle (6-8	i) U High	n (9-12) [College or U	Jniversity Training		
City:	S	tate:				Zip Code:	e de la descripción de como de del combio de como combio de como combio de c		
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-spanse, widow, or widower of a person who is no longer a member of the bousehold.									
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:									
Household Member 4						oplicant (or	ne per household)		
* First name:		iddle:			st name:				
* First name: * Relationship to Head of Househ	nold: Spou	iddle:	Parent	Child [st name:) Foster child	Live in Aid Other		
* First name: * Relationship to Head of Househ * Date of Birth:			* U.S. Citize	Child C	st name: Sibling [Foster child o * Disable	Live in Aid Other ed: Yes No		
* First name: * Relationship to Head of Househ	Gender:	se/Partner	* U.S. Citize	Child Cen:	st name: Sibling Yes Note No	Foster child o * Disable	Live in Aid Other		
* First name: * Relationship to Head of Househ * Date of Birth:	Gender:	se/Partner	* U.S. Citize	Child Cen:	st name: Sibling Yes Note No	Foster child * Disable prary number w	Live in Aid Other ed: Yes No		
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #:	Gender:	se/Partner	* U.S. Citize	Child Cen: \(\) \	st name: Sibling (/es North N	Foster child * Disable prary number w	Live in Aid Other ed: Yes No vill be provided by PHA) rt Time Seasonal		
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income:	Gender: \$ State:	se/Partner	* U.S. Citize	child can: child can: child can: child can: child can	st name: Sibling (Full Ti	Foster child * Disable prary number w me Par Pay Cas	Live in Aid Other ed: Yes No vill be provided by PHA) rt Time Seasonal		
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City:	Gender: \$ State:	se/Partner	* U.S. Citize I have no	child can: child can: child can: child can: child can	st name: Sibling (Full Ti	Foster child * Disable prary number w me Par Pay Cas	Live in Aid Other ed: Yes No will be provided by PHA) et Time Seasonal sh: Yes No		
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City:	Gender: \$ State:	se/Partner	* U.S. Citize I have no ent & Other y income: (SS	child can: child can: child can: child can: child can	st name: Sibling (Full Ti	Foster child * Disable prary number w me Par Pay Cas sions, Etc.)	Live in Aid Other ed: Yes No will be provided by PHA) et Time Seasonal sh: Yes No		
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week:	Gender: \$ State: * Other to	se/Partner Employme tal monthly	* U.S. Citize I have no ent & Other y income: (SS	child cancer child cancer canc	st name: Sibling (Full Ti	Foster child * Disable prary number w me Par Pay Cassions, Etc.)	Live in Aid Other ed: Yes No will be provided by PHA) rt Time Seasonal sh: Yes No \$ II Time Part Time		
* First name: * Relationship to Head of Housel * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No	Gender: \$ State: * Other to	se/Partner Employme tal monthly	* U.S. Citize I have noted. Other y income: (SS	child cancer child cancer canc	st name: Sibling (/es Non ID#(tempor) Full Ti :	Foster child * Disable prary number w me Par Pay Cassions, Etc.)	Live in Aid Other ed: Yes No will be provided by PHA) rt Time Seasonal sh: Yes No \$ If Time Part Time		
* First name: * Relationship to Head of Housel * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No School Type: Kindergarter	Gender: \$ State: * Other to	se/Partner Employme tal monthly Name: ary (K-6)	* U.S. Citize I have noted. Other y income: (SS	child	st name: Sibling (/es Non ID#(tempor) Full Ti :	Foster child o * Disable orary number w me Par Pay Cas sions, Etc.) Fu College or L	Live in Aid Other ed: Yes No will be provided by PHA) rt Time Seasonal sh: Yes No \$ II Time Part Time		
* First name: * Relationship to Head of Housel * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No School Type: Kindergarter City: Have you ever served on active	Gender: \$ State: * Other to If Yes, School Elementa S duty in the U.	tal monthly Name: ary (K-6) tate: Ver	* U.S. Citize I have no ent & Other y income: (SS School Middle (6-8) teran Statu	child	st name: Sibling (/es Note Note Note Note Note Note Note Note	Foster child o * Disable orary number w me Par Pay Cassions, Etc.) Fu College or U Zip Code:	Live in Aid Other ed: Yes No will be provided by PHA) rt Time Seasonal sh: Yes No \$ II Time Part Time		
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No School Type: Kindergarter City:	Gender: \$ State: * Other to If Yes, School Elementa S duty in the U. or widower of a	tal monthly Name: ary (K-6) tate: Vet	* U.S. Citize I have no ent & Other y income: (SS School Middle (6-8 teran Statu orces, reserve	child	st name: Sibling Sibli	Foster child o * Disable prary number w Pay Cassions, Etc.) Fu College or U Zip Code: d? household	Live in Aid Other ed: Yes No will be provided by PHA) That Time Seasonal sh: Yes No \$ If Time Part Time University Training		

Applicant Household Conditions										
* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?										
Name / Disaster Type:		Date:								
Disaster City:	Sta									
* 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 hou person who engages in	* Yes No									
*Has anyone in your ho	* Yes No									
* Has anyone in your ho	* Yes No									
* Has anyone in your ho	* Has anyone in your household been displaced or at risk of being displaced due to the inaccessibility of a unit?									
* Has anyone in your ho in witness protection?	* Yes No									
* Is anyone in your hou	* Yes No									
* Are you currently livin	ng in substandard housing?					* Yes No				
* Are you or any housel congregate shelters and	* Yes No									
* Are you or a househol residence, including cor	* Yes No									
* Do you currently live a	* 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										
For PHA use only										
Application ID:			Application	Date:						