## **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:			k	* Last name	:		
Primary Phor	ne Number:				Phone Type	e:	🗌 Mobile	e 🗌 Home	🗌 Work	🗌 Other
May we send tex	t message to this	s number <b>(rates m</b>	ay apply)	Y	es 🗌 No	Pr En	imary nail:			
			Cu	rent Li	ving Situat	ion				
* What is you	* What is your household's living condition?									
Living in a permanent residence										
	shelter or hote				) Living in a pl	acet	that is not no	ormally used fo	r housing	
* Is your house	hold at risk of	losing your curr	ent residen	ice?	) Yes 🗌 No	C				
				Curre	nt Address					
In Care of:										
* Address 1:					Address	2:				
* City:			* State:					* Zip Code:		
Is this the best	place to send	mail? If not, plea	ase provide	e a maili	ng address:				1	
				Mailir	ng Address					
In Care of:										
Address 1:					Address	2:				
City:			State:		<b>I</b>			Zip Code:		
				Hous	sing Costs					
* What is your <b>mortgage pay</b>		<b>hly rent</b> or	*\$		* What is (heat, ho	your <b>ot wa</b>	r total month ater and elec	ly cost for utilitie <b>ctricity only)</b>	es? <b>*\$</b>	
Emergency Contact										
Please provid	de additional	contacts in ca	se we nee	d to ge	et in touch w	ith y	ou about y	our waitlist st	atus.	
First Name:					Last Na	me:				
Phone:	·				Relationsh	ip:	Parer	it 🗌 Child	Sibling	🗌 Other
Household										
* How many people live in your household? *#										
* How many bedrooms does the household require?							*#			
Head of Household										
* Date of Birth:				Ger	nder:			* U.S. Citiz	en: 🗌 Y	′es 🗌 No
* SSN or Alien ID #:	SSN or				N or Alien ID # (temporary number <b>* Disabled:</b>			ed: 🗌 Y	′es 🗌 No	
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Please provide information on each member of your household.

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Head of household - Employment & Other Income							
Employment 1:		Туре:	🗌 Full Time 🗌 Pa	rt Time 🗌 Seasonal			
City:	State:		Zip Code:				
Approximate Monthly Income	e from Employment 1:		\$ Pay Ca	sh: Yes No			
Hours per week:	* Other total monthly income	(Including SSI, SSDI, alim	ony, child support, pensio	ns, etc.): *\$			
	Head of h	ousehold - Scho	ol				
* Student: Yes No	If Yes, School Name:		FI	ull Time 🗌 Part Time			
School Type: School Type:	en 🔲 Elementary (K-6) 🗌	) Middle (6-8) 🗌 Hig	h (9-12) 🗌 College or	University 🗌 Training			
City:	State:		Zip Code:				
	Head of hous	ehold - Veteran Sta	atus				
Have you ever served on activ				* Yes No			
Are you an ex-spouse, widow, but who had ever served on a	ctive duty in the U.S. arme	d forces, reserves, or	National Guard?	* Yes No			
If yes to a question above, ple	ase indicate years served:						
Head of ho	ousehold - Race		Head of househo	ld - Ethnicity			
Optional: Asked solely for HUD	reporting purposes.	Asked	solely for HUD reportion	ng purposes:			
U White	🗌 Asian	His	spanic or Latino				
Black or African American	Pacific Islander		ot Hispanic or Latino				
Alaska Native or Indian Ame	rican 📋 Other		ould not like to disclose				
Household Member 2			Co-Applicant (o	ne per household) 🔲			
* First name:	Middle:	* La	ast name:				
* Relationship to Head of House	<b>chold:</b> Spouse/Partner (	ParentChild	Sibling Foster child	Live in Aid Other			
* Date of Birth:	Gender:	* U.S. Citizen:	Yes 🗌 No 🛛 <b>* Disab</b>	led: Yes No			
* SSN or Alien ID #:		I have no SSN or Ali	en ID # (temporary number	will be provided by PHA)			
	Employme	nt & Other Income					
Employment Monthly Income	:: \$	Туре:	Full Time Pa	rt Time 🗌 Seasonal			
City:	State:	Zip Code	5	i <b>sh:</b> Yes No			
Hours per week:	* Other total monthly		upport, Pensions, Etc.)	\$			
	If Yes, School Name:	School					
* Student:       Yes       No       If Yes, School Name:       If Yes, School Name:       If Yes, School Name:       Part Time         School Type:       Kindergarten       Elementary (K-6)       Middle (6-8)       High (9-12)       College or University       Training							
City:	State:		Zip Code:				
		eran 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, but who had ever served on a	or widower of a person wh ctive duty in the U.S. armed	o is no longer a men d forces, reserves, or	nber of the household National Guard?	* Yes No			
If yes to a question above, ple				1			

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:		*La	st name:			
* Relationship to Head of Househ	old: 🗌 s	pouse/Partn	er 🗌 Parent 🗌	Child	Sibling	Foster child	Live in Aid Other	
* Date of Birth:	Gende	er:	* U.S. Citizo	en: 🗌 Y	′es 🗌 N	o <b>* Disabl</b>	ed: Yes No	
* SSN or Alien ID #:			🗌 I have n	o SSN or Alie	n ID # (temp	orary number w	ill be provided by PHA)	
Employment & Other Income								
Employment Monthly Income:	\$			Туре:	🗌 Full Ti	ime 🗌 Par	t Time 🗌 Seasonal	
City:	State:			Zip Code	:	Pay Cas	sh: Yes No	
Hours per week:	* Othe	r total mon	thly income: (S	SI, Child Suj	oport, Pens	sions, Etc.)	\$	
			School					
* Student: Yes No	lf Yes, Sch	nool Name:				🗌 Fu	ll Time 🗌 Part Time	
School Type: 🗌 Kindergarter	n 🗌 Elem	entary (K-6)	Middle (6-8	3) 🗌 High	(9-12)	) College or L	Iniversity 🗌 Training	
City:		State:				Zip Code:		
			Veteran Statı	IS				
Have you ever served on active	duty in th	e U.S. arme	d forces, reserv	es, or Nat	ional Guai	rd?	* Yes 🗌 No	
Are you an ex-spouse, widow, o but who had ever served on act	r widower ive duty ir	of a person the U.S. ar	who is no long med forces, res	er a mem erves, or N	ber of the National G	household uard?	* Yes 🗌 No	
If yes to a question above, pleas	se indicate	e years serve	ed:					
Household Member 4					Co-A	pplicant (on	e per household) 🔲	
Household Member 4 * First name:		Middle:			Co-A st name:	oplicant (on	e per household) 🔳	
	old: s	Middle:	er 🗌 Parent 🗍	<b>+ La</b>		o <b>plicant (on</b> ) Foster child	e per household)	
* First name:	old: sende	ipouse/Partne	er Parent ( <b>* U.S. Citize</b>		st name:	) Foster child	Live in Aid Other	
* First name: * Relationship to Head of Househ		ipouse/Partne	* U.S. Citize	Child (	st name: Sibling [ Yes ] N	) Foster child o <b>* Disable</b>	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth:		pouse/Partne	* U.S. Citize	Child C	st name: Sibling [ Yes ] N	) Foster child o <b>* Disable</b>	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth:		pouse/Partne	* U.S. Citize	Child C	st name: Sibling [ Yes ] N	) Foster child o <b>* Disable</b> orary number w	Live in Aid Other	
<ul> <li>* First name:</li> <li>* Relationship to Head of Househ</li> <li>* Date of Birth:</li> <li>* SSN or Alien ID #:</li> </ul>	Gende	pouse/Partne	* U.S. Citize	Child C en: Y o SSN or Alies r Income	st name: Sibling ( ies () N n ID # (temp	) Foster child o <b>* Disable</b> orary number w	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income:	Gende \$ State:	Employ	* U.S. Citize	Child C en: Y o SSN or Alien r Income Type: Zip Code:	st name: Sibling ( ies () N nID#(temp () Full Ti	) Foster child o <b>* Disable</b> orary number w me Par <b>Pay Cas</b>	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City:	Gende \$ State:	Employ	* U.S. Citize	Child C en: Y o SSN or Alien r Income Type: Zip Code:	st name: Sibling ( ies () N nID#(temp () Full Ti	) Foster child o <b>* Disable</b> orary number w me Par <b>Pay Cas</b>	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City:	Gende \$ State: * Othe	Employ	* U.S. Citize	Child C en: Y o SSN or Alien r Income Type: Zip Code:	st name: Sibling ( ies () N nID#(temp () Full Ti	) Foster child o <b>* Disable</b> orary number w me Par Pay Cas sions, Etc.)	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week:	Gende \$ State: * Othe	Employi	* U.S. Citize	Child C en: Y o SSN or Alieu r Income Type: Zip Code: 5I, Child Sup	st name: Sibling ( ies () N nID#(temp () Full Ti	) Foster child o <b>* Disable</b> orary number w me Par Pay Cas sions, Etc.)	Live in Aid Other	
* First name: * Relationship to Head of Househ * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No	Gende \$ State: * Othe	Employi	* U.S. Citize	Child C en: Y o SSN or Alieu r Income Type: Zip Code: 5I, Child Sup	st name: Sibling ( ies () N n ID # (temp () Full Ti	) Foster child o <b>* Disable</b> orary number w me Par Pay Cas sions, Etc.)	Live in Aid Other	
* First name:	Gende \$ State: * Othe	Employartne Employartne r total mont nool Name: entary (K-6) State:	* U.S. Citize	Child C en: Y o SSN or Alies r Income Type: Zip Code: SI, Child Sup	st name: Sibling ( ies () N n ID # (temp () Full Ti	) Foster child o <b>* Disable</b> orary number w me Par Pay Cas sions, Etc.)	Live in Aid Other	
* First name:          * Relationship to Head of Househ         * Date of Birth:          * SSN or Alien ID #:          * SSN or Alien ID #:          Employment Worthly Income:          City:          * Student:       Yes         School Type:       Kindergarter         City:          * Student:       Yes         Kindergarter	Gende	Employse r: Employse r total mont nool Name: entary (K-6) State:	* U.S. Citize          * U.S. Citize         I have n         ment & Other         thly income: (S:         School         Middle (6-8         /eteran Statu         d forces, reserved	Child C en: Y o SSN or Alieu r Income Type: Zip Code: 5I, Child Sup 3) High	st name: Sibling ( ies () N n ID # (temp () Full Ti port, Pens (9-12) ( (9-12) ( onal Guar	) Foster child o <b>* Disable</b> orary number w me Par Pay Cas sions, Etc.) College or U Zip Code:	Live in Aid Other	
* First name:	Gende	Employse r: Employse r total mont nool Name: entary (K-6) State:	* U.S. Citize          * U.S. Citize         I have n         ment & Other         thly income: (S:         School         Middle (6-8         /eteran Statu         d forces, reserved	Child C en: Y o SSN or Alieu r Income Type: Zip Code: 5I, Child Sup 3) High	st name: Sibling ( ies () N n ID # (temp () Full Ti port, Pens (9-12) ( (9-12) ( onal Guar	) Foster child o <b>* Disable</b> orary number w me Par Pay Cas sions, Etc.) College or U Zip Code:	Live in Aid Other	

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\* Required Field

Δn	nlica	nt Hoi	useho	ld Co	nditio	n
-ΛP	plical		125110	iu cu	munui	ЛЬ

* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?								
Name / Disaster Type:     Disaster Date:     Displacement Date:								
Disaster City:	State: Zip Code:							
* Has anyone in owner/landlord?	* 🗌 Yes 🗌 No							
* Has anyone in person who eng	* 🗌 Yes 🗌 No							
*Has anyone in y	*Has anyone in your household been displaced or at risk of being displaced due to hate crimes? * Yes No							
* Has anyone in	* Has anyone in your household been displaced or at risk of being displaced due to a government action?							
* 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?								
* Is anyone in your household fleeing home due to dangerous conditions?							* 🗌 Yes 🗌 No	
* Are you curren	* 🗌 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?							* 🗌 Yes 🗌 No	
* Do you currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA 02169)?								

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 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:**