

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:

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:			
* 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:	

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)	*\$
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Emergency Contact

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

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?	*#

Head-of-Household

* Date of Birth:	Gender:	* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:	I have no SSN or Alien ID # (temporary number will be provided by PHA)	* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide information on each member of your household.

* Required Field

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

Head-of-Household 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:

Head-of-Household 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: _____	

Head-of-Household 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

Head-of-Household 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 * Disabled: <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
Hours per week:	* 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: _____	



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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 #:	<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:	
Hours per week:		* Other total monthly income: (SSI, Child Support, Pensions, Etc.)	\$	Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 #:	<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:	
Hours per week:		* Other total monthly income: (SSI, Child Support, Pensions, Etc.)	\$	Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 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: _____

Massachusetts Section 8 Centralized Waiting List

102 Participating Housing Authorities

Abington Housing Authority, 71 Shaw Ave, Abington, MA 02351
Acton Housing Authority, 68 Windsor Ave, Acton, MA 01720
Amesbury Housing Authority, 180 Main Street, 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 02420
Athol Housing Authority, 21 Morton Meadows, Athol, MA 01331
Attleboro Housing Authority, 80 South Ave, Attleboro, MA 02703
Bellingham Housing Authority, 10 Wrentham Manor, Bellingham, MA 2019
Belmont Housing Authority, 59 Pearson Rd, Belmont, MA 2478
Beverly Housing Authority, MA, 137 Rear Bridge Street, Beverly, MA 1915
Billerica Housing Authority, 16 River St, Billerica, MA 1821
Bourne Housing Authority, 871 Shore Rd, Pocasset, MA 2559
Braintree Housing Authority, 25 Roosevelt St, Braintree, MA 2184
Brockton Housing Authority, 45 Goddard Road, Brockton, MA 02301
Brookline Housing Authority, 90 Longwood Ave, Brookline, MA 02446
Burlington Housing Authority, 15 Birchcrest St, Burlington, MA 1803
Chelmsford Housing Authority, 10 Wilson St, Chelmsford, MA 1824
Chelsea Housing Authority, 54 Locke St., Chelsea, MA 02150
Chicopee Housing Authority, 128 Meetinghouse Road, Chicopee, MA 01013
Concord Housing Authority, 34 Everett Street, Concord, MA 01742
Danvers Housing Authority, 14 Stone St, Danvers, MA 1923
Dartmouth Housing Authority, 2 Anderson Way, Dartmouth, MA 02747
Dedham Housing Authority, 163 Dedham Blvd, Dedham, MA 02026
Dennis Housing Authority, 167 Center St, South Dennis, MA 2660
Dracut Housing Authority, 871 Mammoth Rd, Dracut, MA 01828
Easton Housing Authority, Parker Terrace, North Easton, MA 02356
Everett Housing Authority MA, 393 Ferry Street, Everett, MA 02149
Fall River Housing Authority, 85 Morgan Street, Fall River, MA 02721
Falmouth Housing Authority, 115 Scranton Ave, Falmouth, MA 2540
Fitchburg Housing Authority, 50 Day St, Fitchburg, MA 1420
Framingham Housing Authority, 1 John Brady Drive, Framingham, MA 01702
Framingham Housing Authority, 1 John Brady Drive, Framingham, MA 01702
Franklin County Regional Housing & Redevelopment, 241 Millers Falls Road, Turners Falls, MA 01376
Gardner Housing Authority, 116 Church Street, Gardner, MA 01440
Gloucester Housing Authority, 269 Washington St, Gloucester, MA 1930
Greenfield Housing Authority, 1 Elm Ter, Greenfield, MA 1301
Halifax Housing Authority, 1 Parsons Ln, Halifax, MA 2338
Haverhill Housing Authority, 25 Washington Sq Ste C, Haverhill, MA 1830
Holbrook Housing Authority, 1 Holbrook Ct, Holbrook, MA 2343
Holden Housing Authority, 9 Flagler Dr, Holden, MA 1520
Holliston Housing Authority, 492 Washington St, Holliston, MA 1746
Holyoke Housing Authority, 475 Maple St, Holyoke, MA 01040
Hudson Housing Authority, 8 Brigham Circle, Hudson, MA 01749
Ipswich Housing Authority, One Agawam Village, Ipswich, MA 01838
Lawrence Housing Authority, 353 Elm Street, Lawrence, MA 01841
Leominster Housing Authority, 100 Main Street, Leominster, MA 01453
Lexington Housing Authority, 1 Countyside Village, Lexington, MA 02420
Malden Housing Authority, 89 Pearl Street, Malden, MA 02148
Mansfield Housing Authority, 22 Bicentennial Ct, Mansfield, MA 02048
Marlborough C.D.A. - Housing Division, 255 Main St Rm 212, Marlborough, MA 1752
Medford Housing Authority, 121 Riverside Ave, Medford, MA 02155
Melrose Housing Authority, 910 Main St, Melrose, MA 02176
Methuen Housing Authority, 24 Mystic Street, Methuen, MA 01844
Middleborough Housing Authority, 8 Benton Street, Middleborough, MA 02346
Milford Housing Authority, 46 Birmingham Ct, Milford, MA 01757
Mills Housing Authority, 310 Exchange St, Mills, MA 2054
Milton Housing Authority, 65 Miller Ave, Milton, MA 2186
Natick Housing Authority, 4 Cottage St, Natick, MA 1760
Needham Housing Authority, 28 Captain Robert Cooke Dr, Needham, MA 2494
Newburyport Housing Authority, 25 Temple St, Newburyport, MA 1950
Newton Housing Authority, 82 Lincoln St, Newton Highlands, MA 2461
North Andover Housing Authority, One Morkeski Meadows, North Andover, MA 01845
North Attleborough Housing Authority, 20 S Washington St, North Attleboro, MA 2760
North Reading Housing Authority, 1 Peabody Ct, North Reading, MA 1864
Norwood Housing Authority, 40 William Shyne Cir, Norwood, MA 2082
Oxford Housing Authority, 23 Wheelock St, Oxford, MA 1540
Peabody Housing Authority, 75 Central St, Peabody, MA 1960
Pembroke Housing Authority, 8 Kilcommons Dr, Pembroke, MA 02359
Plymouth Housing Authority, 130 Court St, Plymouth, MA 2360
Quincy Housing Authority, 80 Clay Street, Quincy, MA 02170
Reading Housing Authority MA, 22 Frank D. Tanner Drive, Reading, MA 01867
Revere Housing Authority, 82 Cooledge Street, Revere, MA 02151
Rockland Housing Authority, 8 Studley Court, Rockland, MA 02370
Rockport Housing Authority, 13 Millbrook Park, Rockport, MA 1966
Salem Housing Authority, 27 Charter St, Salem, MA 1970
Salisbury Housing Authority, 23 Beach Rd, Salisbury, MA 1952
Saugus Housing Authority, 19 Talbot St, Saugus, MA 1906
Shrewsbury Housing Authority, 36 N Quinsigamond Ave, Shrewsbury, MA 1545
Somerville Housing Authority, 30 Memorial Road, Somerville, MA 02145
Southbridge Housing Authority, 60 Charlton St, Southbridge, MA 1550
Springfield Housing Authority, 67 Sanderson Street, Springfield, MA 01107
Stockbridge Housing Authority, 5 Pine St, Stockbridge, MA 1262
Stoughton Housing Authority, 4 Capen St, Stoughton, MA 2072
Taunton Housing Authority, 30 Olney Street, Taunton, MA 02780
Tewksbury Housing Authority, Saunders Circle, Tewksbury, MA 01876
Wakefield Housing Authority, 26 CRESCENT STREET, Wakefield, MA 01880
Walpole Housing Authority, 8 Diamond Pond Ter, Walpole, MA 2081
Waltham Housing Authority, 110 Pond Street, Waltham, MA 02451
Ware Housing Authority, 20 Valley Vw, Ware, MA 1062
Warren Housing Authority, 85 Winthrop Terrace, Warren, MA 01083
Watertown Housing Authority MA, 55 Waverley Ave, Watertown, MA 02472
Wayland Housing Authority, 108 Main Street, Wayland, MA 01778
Webster Housing Authority, 10 Golden Hls, Webster, MA 1570
Wellesley Housing Authority, 109 Barton Rd, Wellesley, MA 2481
West Springfield Housing Authority, 37 Oxford Place, West Springfield, MA 01089
Westfield Housing Authority, 12 Alice Burke Way, Westfield, MA 01085
Weymouth Housing Authority, 402 Essex Street, Weymouth, MA 02188
Winchendon Housing Authority, 108 Ipswich Dr, Winchendon, MA 1475
Winchester Housing Authority, 13 Westley St, Winchester, MA 1890
Woburn Housing Authority, 59 Campbell Street, Woburn, MA 01801
Worcester Housing Authority, 40 Belmont Street, Worcester, MA 01805

Participating PHAs may have other waitlists you may be eligible for. To check for an open waitlist or for more information on the Massachusetts Section 8 Centralized Waiting List please visit

www.gosection8.com/massCWL

