

MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

HEAD OF HOUSEHOLD

First name*: _____ **Middle:** _____ **Last name*:** _____

Date of Birth*: _____ **Gender*:** Male Female

SSN or Alien ID #*: _____

I do not have a SSN or Alien ID # (a temporary number will be provided by PHA)

Disabled*: Yes No **U.S. Citizen*:** Yes No

Primary Email: _____

Primary Phone Number: _____ **Phone Type:** Mobile Home Work Other

May we send text message to this number (rates may apply) Yes No

ADDRESS

Home Address 1: _____

Home Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Is this the best place to send mail? If not, please provide a mailing address:

In Care of:

Mailing Address 1: _____

Mailing Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

INCOME

Employment 1: Type: FullTime PartTime Seasonal

City: _____ **State:** _____ **Zip Code:** _____

Approximate Monthly Income: \$ _____ **Pay Cash:** Yes No

Employment 2: Type: FullTime PartTime Seasonal

City: _____ **State:** _____ **Zip Code:** _____

Approximate Monthly Income: \$ _____ **Pay Cash:** Yes No

Other total monthly income (Including tips, alimony, child support, pensions etc.): \$ _____

SCHOOL

Are you currently in School? Yes No

If yes: Type: High School(9-12) College or University Training

City: _____ **State:** _____ **Zip Code:** _____

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-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 excluding periods for which he or she has been dishonorably discharged?* Yes No

If yes to a question above, please indicate the period of time served (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Currently serving | <input type="checkbox"/> February 1955 to July 1964 |
| <input type="checkbox"/> September 2001 or later | <input type="checkbox"/> July 1950 to January 1955 (Korean War) |
| <input type="checkbox"/> August 1990 to August 2001 (Persian Gulf) | <input type="checkbox"/> January 1947 to July 1950 |
| <input type="checkbox"/> May 1975 to July 1990 | <input type="checkbox"/> December 1941 to December 1946 (World War II) |
| <input type="checkbox"/> August 1964 to April 1975 (Vietnam) | <input type="checkbox"/> November 1941 or earlier |

RACE/ETHNICITY

Optional (asked solely for HUD reporting purposes):

Data on race & ethnicity is collected in accordance with federal regulations. Your answers will not affect your application.

Race	Ethnicity
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native or Indian American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Would not like to disclose
<input type="checkbox"/> Asian	
<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Other	
<input type="checkbox"/> Would not like to disclose	

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EMERGENCY CONTACT (optional):

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:** Parent Child Sibling Other

What is your household's living condition? (Choose one option)

- 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

What is your current monthly rent?* \$ _____

What is your total monthly cost for utilities?* \$ _____

How many people live in your household?* # _____

How many bedrooms does the household require?* # _____

Is anyone in the Household: (Check All that Apply):

- Displaced due to a natural disaster?**
 Name / Disaster Type: _____
 Disaster Date: _____ **Displacement Date:** _____
 Disaster City: _____ **State:** _____ **Zip Code:** _____
- Displaced due to an action of the housing owner**
- Displaced or will be displaced due to domestic violence**
- Displaced due to hate crimes**
- Displaced or will be displaced due to a government action**
- Displaced or will be displaced due to the inaccessibility of a unit**
- Has anyone in the family displaced to avoid reprisals or due to witness protection**
- Fleeing the home due to dangerous conditions**
- Living in substandard housing**
- Living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities**
- At serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities**
- Currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA)**

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Please complete one page for each additional member of your household.

HOUSEHOLD MEMBER

First name*: _____ Middle: _____ Last name*: _____

Relationship to Head-of-Household*:

Spouse/Partner Child Foster Child Parent Sibling Live-in-aide Other

Is this household member the co-applicant (only one per household)?* Yes No

Date of Birth*: _____ Gender*: Male Female

SSN or Alien ID #: _____

I do not have a SSN or Alien ID # (a temporary number will be provided by PHA)

Disabled*: Yes No U.S. Citizen*: Yes No

Email: _____

Phone Number: _____ Phone Type: Mobile Home Work Other

May we send text message to this number (rates may apply) Yes No

INCOME

Employment 1: Type: Full Time Part Time Seasonal

City: _____ State: _____ Zip Code: _____

Approximate Monthly Income: \$ _____ Pay Cash: Yes No

Employment 2: Type: Full Time Part Time Seasonal

City: _____ State: _____ Zip Code: _____

Approximate Monthly Income: \$ _____ Pay Cash: Yes No

Other total monthly income (Including tips, alimony, child support, pensions etc.): \$ _____

SCHOOL

Are you currently in School? Yes No

If yes: Type: Kindergarten Elementary School Middle School

High School College or University Training

School City: _____ State: _____ Zip Code: _____

Has this household member ever served on active duty in the U.S. armed forces, reserves, or National Guard?* Yes No

VETERAN STATUS

Is this household member 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 excluding periods for which he or she has been dishonorably discharged?* Yes No

If yes, please indicate the period of time served (check all that apply):

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<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Other	
<input type="checkbox"/> Would not like to disclose	

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100 PARTICIPATING HOUSING AUTHORITIES

<p>Abington H.A., 71 Shaw Ave., Abington, MA 02351 Acton H.A., 68 Windsor Ave., PO Box 681, Acton, MA 01720 Amesbury H.A., 180 Main St., Amesbury, MA 01913 Amherst H.A., 33 Kellogg Ave., Amherst, MA 01002 Andover H.A., 100 Morton St., Andover, MA 01810 Arlington H.A., 4 Winslow St., Arlington, MA 02474 Attleboro H.A., 80 South Avenue, Attleboro, MA 02703 Bellingham H.A., 10 Wrentham Manor, Bellingham, MA 02019 Belmont H.A., 59 Pearson Rd., Belmont, MA 02478 Beverly H.A., 137 Rear Bridge St., Beverly, MA 01915 Billerica H.A., 16 River Street, Billerica, MA 01821 Bourne H.A., 871 Shore Rd., Pocasset, MA 02559 Braintree H.A., 25 Roosevelt St., Braintree, MA 02184 Bridgewater H.A., 10 Heritage Road, Bridgewater, MA 02324 Brockton H.A., 45 Goddard Rd., PO Box 7070, Brockton, MA 02303 Brookline H.A., 90 Longwood Ave., Brookline, MA 02446 Burlington H.A., 15 Birchcrest St., Burlington, MA 01803 Chelmsford H.A., 10 Wilson St., Chelmsford, MA 01824 Chelsea H.A., 54 Locke St., Chelsea, MA 02150 Chicopee H.A., 128 Meetinghouse Rd., Chicopee, MA 01013 Concord H.A., 34 Everett Street, Concord, MA 01742 Danvers H.A., 14 Stone Street, Danvers, MA 01923 Dartmouth H.A., 2 Anderson Way, N. Dartmouth, MA 02747 Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026 Dennis H.A., 167 Center St., So. Dennis, MA 02660 Dracut H.A., 971 Mammoth Rd., Dracut, MA 01826 Duxbury H.A., 59 Chestnut St., Duxbury, MA 02332 Everett H.A., 393 Ferry St., Everett, MA 02149 Fall River H.A., 180 Morgan St., Fall River, MA 02722 Falmouth H.A., 115 Scranton Avenue, Falmouth, MA 02540 Fitchburg H.A., 50 Day Street, Fitchburg, MA 01420 Framingham H.A., 1 John J. Brady Dr., Framingham, MA 01702 Franklin Cty Reg. HRA, 241 Millers Falls Rd, Turners Falls, MA 01376 Gardner H.A., 116 Church St., Gardner, MA 01440 Gloucester H.A., P.O. Box 1599, Gloucester, MA 01931-1599 Greenfield H.A., One Elm Ter., Greenfield, MA 01301 Halifax H.A., One Parsons Lane, Halifax, MA 02338 Haverhill H.A., 25-C Washington Sq., Haverhill, MA 01831-2451 Holbrook H.A., One Holbrook Court, Holbrook, MA 02343 Holden H.A., 9 Flagler Drive, Holden, MA 01520 Holliston H.A., 492 Washington St., Holliston, MA 01746 Holyoke H.A., 475 Maple St., Holyoke, MA 01040 Hudson H.A., 8 Brigham Cir., Hudson, MA 01749 Ipswich H.A., One Agawam Village, Ipswich, MA 01938 Lawrence H.A., 353 Elm Street, Lawrence, MA 01842 Leominster H.A., 100 Main St., Leominster, MA 01453 Lexington H.A., One Countryside Village, Lexington, MA 02420 Malden H.A., 89 Pearl St., Malden, MA 02148 Marlborough CDA, 240 Main St., Marlborough, MA 01752 Medford H.A., 121 Riverside Ave., Medford, MA 02155</p>	<p>Melrose H.A., 910 Main St., Melrose, MA 02176 Methuen H.A., 24 Mystic St., Methuen, MA 01844 Middleboro H.A., 8 Benton St., Middleboro, MA 02346 Milford H.A., 45 Birmingham Court, Milford, MA 01757 Millis H.A., c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026 Milton H.A., 65 Miller Ave., Milton, MA 02186 Natick H.A., 4 Cottage St., Natick, MA 01760 Needham H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026 Newburyport H.A., 25 Temple St., Newburyport, MA 01950 Newton H.A., 82 Lincoln Street, Newton Highlands, MA 02461 North Andover H.A., One Moreski Meadows, No. Andover, MA 01845 North Attleboro H.A., 20 S. Washington St. N. Attleboro, MA 02760 North Reading H.A., Peabody Ct., No. Reading, MA 01864 Norwood H.A., 40 William Shyne Cir., Norwood, MA 02062 Oxford H.A., 23 Wheelock St., Oxford, MA 01540 Peabody H.A., 75 Central St., Ste. 2, Peabody, MA Pembroke H.A., Kilcommons Drive, Pembroke, MA 02359 Plymouth H.A., 130 Court St., PO Box 3537, Plymouth, MA 02361 Quincy H.A., 80 Clay Street, Quincy, MA 02170 Reading H.A., 22 Frank Tanner Dr., Reading, MA 01867 Revere H.A., 82-84 Cooledge St., Revere, MA 02151 Rockland H.A., 8 Studley Court, Rockland, MA 02370 Rockport H.A., 13 Millbrook Park, Rockport, MA 01966 Salem H.A., 27 Charter St., Salem, MA 01970 Salisbury H.A., 23 Beach Road, Salisbury, MA 01952 Saugus H.A., 19 Talbot St., Saugus, MA 01906 Shrewsbury H.A., 36 No. Quinsigamond Ave., Shrewsbury, MA 01545 Somerville H.A., 30 Memorial Road, Somerville, MA 02145 Southbridge H.A., 60 Charlton St., Southbridge, MA 01550 Springfield H.A., PO Box 1609, Springfield, MA 01101 Stockbridge H.A., PO Box 419, 5 Pine St., Stockbridge, MA 01262 Stoughton H.A., 4 Capen Street, Stoughton, MA 02072 Taunton H.A., 30 Olney St., Taunton, MA 02780 Tewksbury H.A., Saunders Circle, Tewksbury, MA 01876 Wakefield H.A., 26 Crescent St., Wakefield, MA 01880 Walpole H.A., 8 Diamond Pond Ter., Walpole, MA 02081 Waltham H.A., 110 Pond St., Waltham, MA 02451 Ware H.A., 20 Valley View, Ware, MA 01082 Warren H.A., P.O. Box 3021, Warren, MA 01083 Watertown H.A., 55 Waverly Avenue, Watertown, MA 02472 Wayland H.A., 106 Main St., Wayland, MA 01778 Webster H.A., 10 Golden Heights, Webster, MA 01570 Wellesley H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026 Westfield H.A., 12 Alice Burke Way, PO Box 99, Westfield, MA 01086 West Springfield H.A., 37 Oxford Pl., West Springfield, MA 01089 Weymouth H.A., 402 Essex St., Weymouth, MA 02188 Winchendon H.A., 108 Ipswich Dr., Winchendon, MA 01475 Winchester H.A., 13 Westley St., Winchester, MA 01890 Woburn H.A., 59 Campbell St., Woburn, MA 01801 Worcester H.A., 40 Belmont St., Worcester, MA 01605</p>
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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* _____

COMPLETE ALL INFORMATION.

Return completed application to ONE of the participating housing authorities listed above.
Incomplete, photocopied, e-mailed, or faxed applications will not be accepted.

PHA USE ONLY:

Application Submitted Date:	Application ID:
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