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	me:				
Primary Phor	ne Number:	-			Phone Type:	☐ Mol	oile	Home	☐ Wc	ork 🔲 (Other
May we send tex	t message to this	Ye	es 🗌 No	Primary Email:							
Curent 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 house	* 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	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:			
				Hous	ing Costs						
* What is your	current mont	hly rent or	*\$		*What is yo	our total mo	nthly o	cost for utilitie	es? *	\$	
mortgagé payment? ** (heat, hot water and electricity only) **											
Emergency Contact Please provide additional contacts in case we need to get in touch with you about your waitlist status.											
First Name:					Last Nam	e:					
Phone:					Relationship	:	rent	Child	Sibl	ing 🔲	Other
		A Company		Но	usehold						
* How many	* How many people live in your household?										
* How many l	bedrooms do	es the househo	old require?	?					*	#	
			E	ead o	f Household						
* Date of Birth:				Gen	der:			* U.S. Citizo	en: [_] Yes [_	_] No
* SSN or	SSN or				5N or Alien ID # (ten	nporary numb	er	* Disable	d: [] Yes [No

		-lead_	of household	d - Employm	ent & C	ther Inc	ome	R 9
Employment 1		Toda			Туре:	☐ Full Ti		t Time Seasonal
City:			State:		')[Zip Code:	
	Monthly Incom	e from	Employment 1:			\$	Pay Cas	i h:
Hours per week:		· ·	r total monthly inc	ome (Including SS	I. SSDI. alim			
				of household		-		
* Student:	Yes No	If Ye	es, School Name:				Fu	Il Time Part Time
School Type:	Kindergart	ten 🗍	Elementary (K-6		8)] Hig	;h (9-12)	College or U	Iniversity
City:			State:	-			Zip Code:	
			Head of h	ousehold - Ve	teran Sta	atus		
Have you ever	served on acti	ve duty	in the U.S. arme				rd?	* Yes No
			lower of a perso luty in the U.S. a					*□Yes □ No
					serves, or	National	iuaru:	
If yes to a ques	<u>-</u>		dicate years serv	/ed:				
	Head of h	ouseh	nold - Race			Head of	fhousehol	d - Ethnicity
Optional: Asked	d solely for HUI	D repor	ting purposes.		Asked	solely for I	HUD reportin	g purposes:
☐ White			Asian		His	spanic or La	tino	
☐ Black or Afri	can American		Pacific Island	der	No	ot Hispanic c	or Latino	
Alaska Niati		!						
Alaska Ivauv	e or Indian Ame	erican	Other			ould not like	to disclose	
		erican — —	Other		We			
		erican — —	Other					e per household)
Household Me		erican — —	Other Middle:					e per household)
lousehold Me	ember 2			ner		 Co-A		e per household)
Household Me	ember 2	ehold:	Middle:	ner Parent (*L	Co-A ast name:	pplicant (on	Live in Aid Other
Household Me First name: Relationship to	ember 2 Head of Hous	ehold:	Middle:	* U.S. Citiz	*L Child [zen:	Co-A ast name: Sibling Yes \(\) N	pplicant (on Foster child	Live in Aid Other
Household Me * First name: * Relationship to * Date of Birth:	ember 2 Head of Hous	ehold:	Middle: Spouse/Parti	* U.S. Citiz	*L Child [ren: [] no SSN or Al	Co-A ast name: Sibling Yes N ien ID#(temp	pplicant (on Foster child	Live in Aid Other
Household Me * First name: * Relationship to * Date of Birth:	ember 2 Head of Hous #:	ehold:	Middle: Spouse/Parti	* U.S. Citiz	*L Child [ren: [] no SSN or Al	Co-A ast name: Sibling Yes N ien ID#(temp	pplicant (on Foster child No * Disable porary number w	Live in Aid Other
* First name: * Relationship to * Date of Birth: * SSN or Alien ID	ember 2 Head of Hous #:	ehold:	Middle: Spouse/Parti	* U.S. Citiz	*L Child [cen: [no SSN or Al cer Income	Co-A ast name: Sibling Yes N ien ID#(temp	pplicant (on Foster child No * Disable porary number w	Live in Aid Other ed: Yes No ill be provided by PHA) t Time Seasonal
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* First name: * Relationship to * Date of Birth: * SSN or Alien ID Employment N City: Hours per week:	ember 2 Head of Hous #:	ehold:	Middle: Spouse/Parti	* U.S. Citize Ihaven Ihave	* L Child [Zen: no SSN or Al Er Income Type: Zip Cod	Co-A ast name: Sibling Yes N ien ID#(temp	pplicant (on Foster child No * Disable Porary number w Par Pay Cas sions, Etc.)	Live in Aid Other ed: Yes No ill be provided by PHA) et Time Seasonal sh: Yes No
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* First name: * Relationship to * Date of Birth: * SSN or Alien ID Employment N City: Hours per week:	#: Monthly Incom	ehold: e: \$ Sta *	Middle: Spouse/Parti Gender: Employ Ite: Other total mores, School Name	* U.S. Citize Ihaven Ihave	*L Child [cen:	Co-A ast name: Sibling Yes N ien ID#(temp	pplicant (on Foster child No * Disable Porary number w Pay Cassions, Etc.)	Live in Aid Other ed: Yes No ill be provided by PHA) et Time Seasonal sh: Yes No \$ Il Time Part Time
* First name: * Relationship to * Date of Birth: * SSN or Alien ID Employment N City: Hours per week: * Student: School Type:	#: Monthly Incom	ehold: e: \$ Sta *	Middle: Spouse/Partification Spouse/Partification Sender: Employ Ate: Other total more es, School Name Elementary (K-6	* U.S. Citize Ihaven Ihave	* L Child [zen: no SSN or Al er Income Type: Zip Cod SSI, Child S	Co-A ast name: Sibling Yes N ien ID#(temp	pplicant (on Foster child Foster child Foster child Parcase Parcase Pay Case Full College or L	Live in Aid Other ed: Yes No ill be provided by PHA) et Time Seasonal sh: Yes No \$ Il Time Part Time
* First name: * Relationship to * Date of Birth: * SSN or Alien ID Employment N City: Hours per week: * Student: School Type: City:	#: Monthly Incom Yes No Kindergari	ehold: e: \$ Sta * If Yeten	Middle: Spouse/Partification Spouse/Partification Sender: Employ Ate: Other total more es, School Name Elementary (K-6	* U.S. Citiz Ihaven yment & Othe hthly income: (S School	*L Child [cen:	Co-A ast name: Sibling Yes N ien ID#(temp e Full T e: upport, Pen	pplicant (on Foster child Foster child Forally porary number was provided by the provided by t	Live in Aid Other ed: Yes No ill be provided by PHA) et Time Seasonal sh: Yes No \$ Il Time Part Time



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

					CO-A	opinesine (e.i.	e per household) 🔲	
* First name:		Middle:		*1	Last name:			
* Relationship to Head of House	nold:	Spouse/Partn	er	Child [Sibling [Foster child	Live in Aid Other	
* Date of Birth:	Gend	er:	* U.S. Citiz	en: 🗌	Yes 🗌 N	lo * Disable	ed: Yes No	
* SSN or Alien ID #:			☐ I have r	no SSN or A	lien ID#(temp	orary number w	vill be provided by PHA)	
Employment & Other Income								
Employment Monthly Income:	\$			Туре:	Full T	ime 🗌 Par	t Time Seasonal	
City:	State:			Zip Cod	de:	Pay Cas	sh: Yes No	
Hours per week:	* Oth	er total mon	thly income: (S	SI, Child S	Support, Pens	sions, Etc.)	\$	
and the second s			School				1.5	
*Student: Yes No	If Yes, Sc	hool Name:				Fu	ll Time Part Time	
School Type:	n 🔝 Elen	nentary (K-6)	Middle (6-	B) [] Hi	gh (9-12)	College or L	Iniversity [] Training	
City:		State:				Zip Code:		
			Veteran Stati	JS				
Have you ever served on active			-	*			* Yes No	
Are you an ex-spouse, widow, o but who had ever served on ac	r widowe tive duty i	r of a person in the U.S. ar	ı who is no long med forces, re:	ger a mei serves, o	mber of the r National G	household iuard?	* Yes No	
If yes to a question above, please indicate years served:								
		-				PM 24 24 24		
Household Member 4					Co-A	pplicant (on	e per household) 🔲	
* First name:		Middle:		*L	ast name:			
*Relationship to Head of Household: Spouse/Partner Parent Child Sibling Foster child Live in Aid Other								
			e	_) Child (J roster crilia	Live in Aid Other	
* Date of Birth:	Gend	er:	* U.S. Citiz		Yes N			
* Date of Birth: * SSN or Alien ID #:		er:	* U.S. Citiz	en:	Yes 🗌 N	o * Disable		
			* U.S. Citiz	en:	Yes N	o * Disable	ed: Yes No	
			* U.S. Citiz	en:	Yes N	o * Disable orary number w	ed: Yes No	
* SSN or Alien ID #:	Gend		* U.S. Citiz	en: OSSN or A	Yes Nullen ID#(temp	o * Disable orary number w	ed: Yes No ill be provided by PHA) t Time Seasonal	
* SSN or Alien ID #: Employment Monthly Income:	\$ \$ State:	Employ	* U.S. Citiz	en: OSSNorA r Incom Type: Zip Cod	Yes N lien ID#(temp e Full Ti le:	o *Disable orary number w ime Par Pay Cas	ed: Yes No ill be provided by PHA) t Time Seasonal	
* SSN or Alien ID #: Employment Monthly Income: City:	\$ \$ State:	Employ	* U.S. Citiz I haver ment & Othe	en: OSSNorA r Incom Type: Zip Cod	Yes N lien ID#(temp e Full Ti le:	o *Disable orary number w ime Par Pay Cas	ed: Yes No ill be provided by PHA) t Time Seasonal ih: Yes No	
* SSN or Alien ID #: Employment Monthly Income: City:	\$ State:	Employ	* U.S. Citiz I haver ment & Othe thly income: (S	en: OSSNorA r Incom Type: Zip Cod	Yes N lien ID#(temp e Full Ti le:	o * Disable orary number w ime Par Pay Cas sions, Etc.)	ed: Yes No ill be provided by PHA) t Time Seasonal ih: Yes No	
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* SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No	\$ State: * Othe	Employ er total mon hool Name:	* U.S. Citiz I haver ment & Othe thly income: (S	en: OSSN or A r Incom Type: Zip Cod SI, Child S	Yes Nilien ID#(tempoe Full Tide:	o * Disable orary number w ime Par Pay Cas sions, Etc.)	ed: Yes No ill be provided by PHA) t Time Seasonal ih: Yes No \$	
*SSN or Alien ID #: Employment Monthly Income: City: Hours per week: *Student: Yes No School Type: Kindergarter	\$ State: * Othe	Employ er total monthool Name: nentary (K-6) State:	* U.S. Citiz I haver ment & Othe thly income: (S	en: OSSN or A r Incom Type: Zip Cod SI, Child S	Yes Nilien ID#(tempoe Full Tide:	o * Disable orary number w ime Par Pay Cas sions, Etc.) Ful College or U	ed: Yes No ill be provided by PHA) t Time Seasonal ih: Yes No \$	
*SSN or Alien ID #: Employment Monthly Income: City: Hours per week: *Student: Yes No School Type: Kindergarter City: Have you ever served on active	\$ State: * Other If Yes, School Elem	er total monination (K-6) State:	* U.S. Citiz Ihaver ment & Othe thly income: (S School Middle (6-8) Veteran Statud forces, reserve	en: OSSN or A r Incom Type: Zip Cod SI, Child S B) High High High High High High High High	Yes Nilien ID# (tempore) Full Tide: Support, Pensore Sph (9-12)	o * Disable orary number w ime Par Pay Cas sions, Etc.) Ful College or U Zip Code:	ed: Yes No ill be provided by PHA) t Time Seasonal ih: Yes No \$	
*SSN or Alien ID #: Employment Monthly Income: City: Hours per week: *Student: Yes No School Type: Kindergarter City:	\$ State: * Other If Yes, School Elem	er total monination (K-6) State:	* U.S. Citiz Ihaver ment & Othe thly income: (S School Middle (6-8) Veteran Statud forces, reserve	en: OSSN or A r Incom Type: Zip Cod SI, Child S B) High High High High High High High High	Yes Nilien ID# (tempore) Full Tide: Support, Pensore Sph (9-12)	o * Disable orary number w ime Par Pay Cas sions, Etc.) Ful College or U Zip Code:	ed: Yes No ill be provided by PHA) t Time Seasonal sh: Yes No \$ I Time Part Time niversity Training	

	Applic	ant Ho	usehold Cond	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:		Displacemer	nt Date:	
Disaster City:		State:			Zip Code:		
* Has anyone in your howner/landlord?	ousehold been displaced or a	at risk of be	eing displaced due	to an action of	a housing	* 🗆	Yes 🗌 No
* Has anyone in the ho person who engages in	usehold vacated their housin violence?	ng unit bec	ause of domestic	violence or lives	in a unit with	a * 🗆	Yes 🗌 No
*Has anyone in your ho	ousehold been displaced or a	t risk of be	ing displaced due	to hate crimes?	?	* 🗆	Yes 🗌 No
* Has anyone in your h	ousehold been displaced or a	at risk of be	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	sibility 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 hou	usehold fleeing home due to	dangerous	conditions?	Superant out		* []	Yes [No
* Are you currently livi	ng in substandard housing?					*	Yes 🗌 No
* Are you or any house congregate shelters an	chold member living in an ins ad transitional housing, inten	titution th ded for inc	at provides a tem lividuals with disa	porary residenc bilities?	e, including	* []	Yes 🗌 No
* Are you or a househo residence, including co	old member at serious risk of ongregate shelters and transi	moving in	to an institution t sing, intended for	hat provides a t individuals with	emporary n disabilities?	*	Yes 🗌 No
* Do you currently live	at Father Bill's & Mainspring	(at 422 Wa	shington St, Quin	cy, MA 02169)?		*	Yes 🗌 No
marked with an ast the waitlist. Please r and preferences co Return a co Massachusetts Se	e all required fields on the erisk (*). The fields on this note that each housing austo rank applicants on the ompleting your pre-application of the ection 8 Centralized Wainformation documents of the ection of the complete of the ection of the complete	s pre-app uthority o e waitlist. cation ple on to ONI iting List. nent or v	lication are used perates under the Ifyou have que tase contact a part of the 101 Part. For a complete visit www.gose	d to determine heir own local stions or need articipating he rticipating He list of PHA's ction8.com/N	e eligibility ar I policy and u d additional i busing author ousing Auth s please see MassCWL.	nd your placed information in the second in	olacement of rent method tion about on the e-Applicatio
	nission of false information o			undergranden i erzer i i in direction		energy and the second	
Housing Choice Vouche own behalf in the matte	er Program. I certify that I hav	e attained	the age of eightee	en and therefor	e have full lega	l capacity	to act on my
* Signature of Head o	f Household:			*D	ate:		W-1000
		For P	HA use only				
Application ID:			Application	Date:			

