MASSACHUSETTS
CENTRALIZED SECTION 8/HCV WAITING LIST
PRELIMINARY APPLICATION

APPLICATION ID #: ☐☐-☐☐-☐☐☐☐-☐☐☐☐

The Massachusetts Section 8 Centralized Waiting List is a partnership between 103 public housing authorities (PHAs) within the Commonwealth of Massachusetts which have streamlined their application process for a Section 8 Housing Choice Voucher. Applicants submit one preliminary (pre) application to the Centralized Waiting List system and their application is automatically added to the waiting list for all 103 participating PHAs. Each participating PHA selects participants to their Section 8 Voucher program from the Centralized Waiting List in accordance with their local policy.

How to Submit an Application:

To submit an application by mail or in person please fill out the entire enclosed pre-application, sign it and return it to ONE of the participating PHAs nearest you. Each participating PHA accepts applications via mail or in person during normal business hours. Only ONE application per family will be accepted. Income and other eligibility requirements may be found on our website.

What to Expect After Submitting Your Application:

After you submit your application you will receive a receipt containing your application number and date submitted to the waiting list. Please keep your application receipt for your records. If you were determined to be ineligible to apply to this waiting list, you will receive a letter explaining why. While on the waiting list, you must submit changes in contact information (address, email, and phone number) household composition, household income, household composition and any other information that may affect your ranking and priority on the waiting list.

How to Check Your Application Status and Update Your Application:

Participating PHAs cannot give an estimate waiting time or your number on the waiting list. The most important thing that you can do, while you wait is to keep your information updated. If you are unable to access your application online, you can submit a change in your application in person at a participating PHA or by mailing a written change to a participating PHA. You will receive an update request by mail if you have not updated your application for over two years. If you do not respond to any correspondence mailed to you, your application will be removed from the waiting list.

Submit and Manage Your Application Online:

For a list of participating housing authorities and their contact information, to apply online or edit your application and for more information on the Massachusetts Section 8 Centralized Waiting List please visit:

www.Section8ListMass.org **or** www.AffordableHousing.com/MassCWL

Application Conditions and Waiting List Preferences

Your eligibility to apply and preferences on a waiting list are determined based on information you provide on your application. It is important that you accurately answer every question and complete every field so that your application can be added to a waiting list and receive any priority that you are eligible for. For more information about eligibility and preferences please refer to the policy for the program or property you are applying to. Please note that not all waiting lists use preferences to prioritize the waiting list

A reference icon ( ) on the application indicates there is more information to refer to on this page:

Primary Applicant/ Head-of-Household
The adult member of the family, or emancipated minor, who is the head of the household for purposes of determining income eligibility and rent and who is responsible for ensuring that the family fulfills all its responsibilities.

Date of Birth
Used to determine a household member's age and if they are considered a Minor: under 18 years of age; an Adult: at least 18 years of age; or Elderly: at least 62 years of age.

Disabled
Any condition or characteristic that renders an individual a person with disabilities (handicaps). A PHA may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability.

Social Security Number/ Alien ID Number
Your Social Security number is used to identify your application and prevent duplicate applications. If you do not have one, you may enter an Alien ID number or request a temporary ID to use in place of a SSN by writing N/A in place of a number. You can update your SSN or Alien ID number later if you receive one.

Living in a Permanent Residence
Currently living in unit with a signed/current lease or you own your home.

Living in a Shelter or Hotel/Motel
Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

Living in a Temporary Residence or Institution
Temporarily staying with family, friends, faith-based or other social networks or institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison.

Living in a Place Not Normally Used for Housing
Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

At a Risk of Losing Current Residence/Housing
Your household is at risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

Rent and Utilities
Rent is defined as the actual monthly amount due under a lease or occupancy agreement between a family and current landlord, plus the monthly amount of tenant supplied utilities.

Bedroom Size
PHA policy that specifies the unit size and number of bedrooms appropriate for different family sizes. Occupancy standards ensure that tenants are treated fairly and consistently and receive adequate housing space.

Attending School or a Job Training Program
Enrolled either full-time or part-time at an institution of higher education or is attending an education or training program that is designed to prepare individuals for the job market. Please note that the address of your school or training program may be used to determine residency preference, if applicable.

Employment/Earned Income
Earned income includes all gross income from employment, (before taxes). Examples of earned income are: wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Please note that the address of your employer may be used to determine residency preference.

Other Income (Non-employment income)
Includes all other non-employment/earned income. Examples of other income are: pensions and annuities, welfare benefits, unemployment compensation, worker's compensation benefits, social security benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Public Assistance, interest earned from assets, and recurring contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

Co-Applicant/Co-Head of Household
An adult member of the family, or emancipated minor, who is treated the same as a head of the household for purposes of determining income, eligibility, and rent. A Co-Applicant/Co-Head of Household may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').

Primary Applicant/ Head-of-Household ⓘ

Name: _____
First *Middle* *Last*

Phone: _____ May we send text messages to this number? ☐ YES

Email address: _____

Household Members:

How many people live in your household? _____

How many bedrooms does your household require? ⓘ _____

Is there a Co-Applicant/Co-Head of Household? ⓘ ☐ YES ☐ NO

If yes, please write the name of the Co-Applicant: _____

Please give the first and last name of each additional household member not including yourself and the Co-Applicant: _____

_____

Please fill out an Additonal Household Member form for each person, including children.

Current Living Situation: *Please select one.*

☐ 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 the current residence? ⓘ ☐ YES ☐ NO

Current Address:

Your current address is where you currently live or is your primary nighttime residence. If you do not have a street address, you may provide the city/town, state, and zip code of the place you spend most nights. Please note that your current address may be used to determine local residency preference, if applicable.

_____
Street *Apartment Number*

_____
City *State* *Zip Code*

Mailing Address:

If you have no current address or would like mail sent to a different address you can give an alternate address to send any mail correspondence about your application.

_____
Street *Apartment Number*

_____
City *State* *Zip Code*

Rent Payment Information:

What is your current monthly rent/mortgage payment? ⓘ $_____

What is your total monthly out of pocket cost for utilities (heat/electricity)? ⓘ $_____

How much of your monthly total household income do you use to pay for rent and utilities?

☐ Less than 30% ☐ 30%-39% ☐ 40%-49% ☐ 50% or Greater

Emergency Contact (Optional):

You may provide contact information of a person or organization that may be able to help in resolving any issues that may arise during the application process or to assist in providing any special care or services you require.

Name of contact person: _____

Phone number: _____

Relationship to applicant: ☐ Parent ☐ Child ☐ Sibling ☐ Other: _____

Primary Applicant/ Head-of-Household Additonal Information:

Your date of birth (MM/DD/YYYY): ⓘ _____ Gender: _____

Are you disabled? ⓘ ☐ YES ☐ NO

Are you a U.S. Citizen? ⓘ ☐ YES ☐ NO

If you have a Social Security Number (SSN) write it here: ⓘ _____

If you have an Alien ID Number write it here: ⓘ _____

Primary spoken language: _____

Primary written language: _____

Primary Applicant/ Head-of-Household School and Job Training: ⓘ

Are you attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of your schools/training programs. If you have more than one, please add information on a separate page.

Are you attending full time or part time (*as determined by your school/training program*)?

☐ Full time ☐ Part Time

What level are you currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

Street

_____

City *State* *Zip Code*

Primary Applicant/ Head-of-Household Income: ⓘ

Please give information on all of your jobs. If you have more than two jobs, please add the additional job information on a separate page.

Are you currently employed or have you been hired for a job? ☐ YES ☐ NO

If yes, how many jobs do you currently have?_____

First Job: Employer name:_____

Employer location:_____
City *State* *Zip Code*

Total income before taxes from this job: $_____ ☐ Monthly ☐ Annually

Second Job: Employer name:_____

Employer location:_____
City *State* *Zip Code*

Total income before taxes from this job: $_____ ☐ Monthly ☐ Annually

Do you have income from any OTHER sources (not including income from a job for example income from Social Security or Child Support, etc.)? ⓘ ☐ YES ☐ NO

Total income from All OTHER sources: $_____ ☐ Monthly ☐ Annually

Primary Applicant/ Head of Household Veteran Status:

Have you ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable?

☐ YES ☐ NO

If yes, what years did you serve? _____

Are you a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?

☐ YES ☐ NO

If yes, what years did your spouse serve?_____

Primary Applicant/ Head-of-Household Race and Ethnicity:

This is optional. Asked for HUD reporting purposes.

Race: ☐ White ☐ Black or African American ☐ Alaska Native or Native America
☐ Asian ☐ Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non Hispanic or Latino

Additonal Household Members (Skip if there are no other household members)

Name: _____

Relationship to the Head of Household: ☐ Spouse ☐ Partner ☐ Parent ☐ Child ☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other: _____

Date of birth (MM/DD/YYYY): ⓘ _____ Gender: _____

Is this household member disabled? ⓘ ☐ YES ☐ NO

Is this household member a U.S. Citizen? ⓘ ☐ YES ☐ NO

If they have a Social Security Number (SSN) write it here: ⓘ _____

If they have an Alien ID Number write it here: ⓘ _____

Is this household member the Co-Head of Household? ⓘ ☐ YES ☐ NO

Additonal Household Member School and Job Training: ⓘ

Are they attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.

Are they attending full time or part time? ☐ Full time ☐ Part Time

What level are they currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

City *State* *Zip Code*

Additonal Household Member Income: ⓘ *(If this household member has more than one job, please add the additional job information on a separate page.)*

Is this household member currently employed or have they been hired for a job?

☐ YES ☐ NO If yes, what is the employer name? _____

Employer location: _____

City *State* *Zip Code*

Total income before taxes from this job: $_____ ☐ Monthly ☐ Annually

Does this household member have income from any OTHER sources? ⓘ ☐ YES ☐ NO

Total income from All OTHER sources: $_____ ☐ Monthly ☐ Annually

Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?

☐ YES ☐ NO If yes, what years did they serve? _____

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? ☐ YES ☐ NO If yes, what years did their spouse serve? _____

Additonal Household Members (Skip if there are no other household members)

Name: _____

Relationship to the Head of Household: ☐ Spouse ☐ Partner ☐ Parent ☐ Child ☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other: _____

Date of birth (MM/DD/YYYY): ⓘ _____ Gender: _____

Is this household member disabled? ⓘ ☐ YES ☐ NO

Is this household member a U.S. Citizen? ⓘ ☐ YES ☐ NO

If they have a Social Security Number (SSN) write it here: ⓘ _____

If they have an Alien ID Number write it here: ⓘ _____

Is this household member the Co-Head of Household? ⓘ ☐ YES ☐ NO

Additonal Household Member School and Job Training: ⓘ

Are they attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.

Are they attending full time or part time? ☐ Full time ☐ Part Time

What level are they currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

City *State* *Zip Code*

Additonal Household Member Income: ⓘ *(If this household member has more than one job, please add the additional job information on a separate page.)*

Is this household member currently employed or have they been hired for a job?

☐ YES ☐ NO If yes, what is the employer name? _____

Employer location: _____

City *State* *Zip Code*

Total income before taxes from this job: $_____ ☐ Monthly ☐ Annually

Does this household member have income from any OTHER sources? ⓘ ☐ YES ☐ NO

Total income from All OTHER sources: $_____ ☐ Monthly ☐ Annually

Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?

☐ YES ☐ NO If yes, what years did they serve? _____

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? ☐ YES ☐ NO If yes, what years did their spouse serve? _____

Additonal Household Members (Skip if there are no other household members)

Name: _____

Relationship to the Head of Household: ☐ Spouse ☐ Partner ☐ Parent ☐ Child ☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other: _____

Date of birth (MM/DD/YYYY): ⓘ _____ Gender: _____

Is this household member disabled? ⓘ ☐ YES ☐ NO

Is this household member a U.S. Citizen? ⓘ ☐ YES ☐ NO

If they have a Social Security Number (SSN) write it here: ⓘ _____

If they have an Alien ID Number write it here: ⓘ _____

Is this household member the Co-Head of Household? ⓘ ☐ YES ☐ NO

Additonal Household Member School and Job Training: ⓘ

Are they attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.

Are they attending full time or part time? ☐ Full time ☐ Part Time

What level are they currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

City *State* *Zip Code*

Additonal Household Member Income: ⓘ *(If this household member has more than one job, please add the additional job information on a separate page.)*

Is this household member currently employed or have they been hired for a job?

☐ YES ☐ NO If yes, what is the employer name? _____

Employer location: _____

City *State* *Zip Code*

Total income before taxes from this job: $_____ ☐ Monthly ☐ Annually

Does this household member have income from any OTHER sources? ⓘ ☐ YES ☐ NO

Total income from All OTHER sources: $_____ ☐ Monthly ☐ Annually

Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?

☐ YES ☐ NO If yes, what years did they serve? _____

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? ☐ YES ☐ NO If yes, what years did their spouse serve? _____

Household Conditions

Have you or anyone in your household been displaced or is at risk of being displaced from their home due to any of these household conditions?

A Natural Disaster ☐ YES ☐ NO (Such as a fire or flood, which left your housing unit uninhabitable)

Date of Disaster: _____ Date Displaced or will be Displaced: _____

Name of Disaster: _____ Location of Disaster: _____

Action of a Housing Owner ☐ YES ☐ NO

Forced you to vacate your unit for a reason you were unable to prevent.

Domestic Violence ☐ YES ☐ NO

Actual or threatened physical violence directed against one or more members of your family by another member of the household which occurred recently or of a continuing nature.

Hate Crimes ☐ YES ☐ NO

Actual or threatened physical violence or intimidation that is directed against a person or his or her property based on the person's race, color, religion, sex, national origin, handicap, or familial status which occurred recently or is of a continuing nature.

A Government Action ☐ YES ☐ NO

Activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.

Inaccessibility of a Unit or Severe Medical Emergency ☐ YES ☐ NO

Household member with mobility, or other impairment that made them unable to use critical elements of the housing unit or is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.

Witness Protection or to Avoid Reprisals ☐ YES ☐ NO

Household member(s) providing information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing your family avoid or minimize a risk of violence against family members to avoid reprisal for providing such information.

Are you or any household member:

Fleeing home due to dangerous conditions ☐ YES ☐ NO

Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

Living in substandard housing ☐ YES ☐ NO

Does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or has one or more critical defects or combination of intermediate defects in sufficient number, in need of considerable repair or rebuilding.

Living in subsidized housing or receiving subsidized rental assistance? ☐ YES ☐ NO

If yes, check off which one.

☐ Project-Based (Section 8) Unit ☐ Public Housing Unit ☐ Low Income Housing Tax Credit (LIHTC) Unit
☐ Housing Choice (Section 8) Vouchers ☐ Veterans Affairs Supportive Housing (VASH)
☐ Stability through Engagement Program (STEP) ☐ Bridging Rental Assistance Program (BRAP)
☐ Shelter Plus Care (S+C) ☐ Foster Youth to Independence (FYI) Voucher ☐ Other, not listed here
☐ I'm unsure of the type of subsidized housing/assistance

Are you or any household member who is an individual with a disability:

Living in an institution that provides a temporary residence

☐ YES ☐ NO Congregate settings populated exclusively or primarily with individuals with disabilities.

At serious risk of moving into an institution that provides a temporary residence

☐ YES ☐ NO Experiencing lack of access to supportive services for independent living.

Recently discharged from an institution that provided a temporary residence

☐ YES ☐ NO Including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.

Sign and Submit

We are committed to making sure that all of our programs, services and activities are fully accessible to persons regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of public assistance. If you, or anyone in your family, encounter any type of barrier that prevent you from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact a participating housing authority. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please call any of the Participating Housing Authorities if you have questions about your rights to accommodation.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Participating housing authorities may have separate waiting lists for project-based vouchers or other housing programs. Please contact participating housing authorities directly to request information on other housing options that may be available.

Please submit the completed application to the participating Housing Authority NEAREST YOU. Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions, please contact one of the Participating Housing Authorities or our partners, AffordableHousing.com, at 866-466-7328.

Applicant's Certification:

I understand that this preliminary application is not an offer of housing or housing assistance. I understand that before an offer for housing or housing assistance is offered, I must provide written documentation, upon request, that verifies my circumstances. I understand that it is my responsibility to keep my application current with any changes in contact information, household composition, income or any other information on my preliminary application at all times. I understand that if I do not respond to requests for information or updates, my preliminary application will be removed from the waiting list. I certify that the information I have given in this preliminary application is true and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation may result in the denial of my preliminary application.

Signature of Primary Applicant/ Head-of-Household:

X _____ Date: _____

Email (for confirmation): _____