



MASSACHUSETTS CENTRALIZED SECTION 8/HCV WAITING LIST

One Hundred Four (104) Participating Housing Authorities

Phone: (866) 466-7328

www.AffordableHousing.com/MassCWL



Pre-Application for Assistance

Complete this form to apply for the following rental assistance programs:

Section 8 Housing Choice Voucher Program:

Assists low-income individuals and families in affording decent, safe, and sanitary housing in the private market by subsidizing a portion of their rent.

Pre-Applications for the Massachusetts Centralized Section 8/HCV Waiting List, a collaborative effort among 104 Public Housing Authorities (PHA's) in the state of Massachusetts, consolidate the application process for the Section 8 Housing Choice Voucher program. By submitting a single preliminary application to the Centralized Waiting List system, applicants automatically join the waiting list for all participating PHA's, with each PHA subsequently selecting participants based on their individual local policies.

The Massachusetts Centralized Waiting List is committed to nondiscrimination in housing and does not discriminate on the basis of race, color, religion, national origin, sexual orientation, age, familial status, or physical or mental disability in the access or admission to its employment, activities, functions or services.

Eligibility for housing assistance

To qualify for assistance, you must:

- ➔ Meet income limits established by the U.S. Department of Housing and Urban Development (HUD).
- ➔ Meet the HUD requirements for citizenship or immigration status.
- ➔ Not owe money to a housing authority.
- ➔ Sign any authorization forms required to verify eligibility requirements, when requested.
- ➔ Not have any household members (including yourself) who:
 - ⊕ Have ever been convicted of production of methamphetamine on the premises of federally assisted housing.
 - ⊕ Are subject to lifetime registration requirements on any State's sex offender registry.

Any questions? Help is available!

CALL: (866) 466-7328


VISIT: Any one of the 104 participating Housing agencies.

GO ONLINE: AffordableHousing.com/MassCWL

Please note, we've partnered with AffordableHousing.com in managing this waiting list.

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').

Tell us about you, the person applying (Head of Household).			
First name, middle initial, last name and suffix (Jr., Sr., 1st, etc)			Date of birth (mm/dd/yyyy)
Have you ever used another name? If yes, please provide your other name(s)			
Social Security number: or Alien ID number		Email: primary contact if supplied	
Phone number: where you can be reached		May we contact you via SMS text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Physical address: street address or PO box, city, state, zip code			
Mailing address: (if different from physical address) street address or PO box, city, state, zip code)			
Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Latino		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race: (check one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other			
Location of Employer: (city, state, zip)		Monthly Employment Income: \$	Other Income: \$ per month
Location of School: (city, state, zip)		Grade Level	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your (and your household members) current living situation? (Select one)			
<input type="checkbox"/> Living in a permanent residence.		<input type="checkbox"/> Living in a shelter or hotel/motel.	
<input type="checkbox"/> Living in a temporary residence.		<input type="checkbox"/> Living in a place that is not normally used for housing.	
Are you at risk of losing your current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you, any household member, any ex-spouse, widow, or widower of a person who has ever served on active duty in the U.S. Armed Forces Reserves, or National Guard excluding periods for which they have not been dishonorably discharged? If yes, please list their names below and dates served. <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMERGENCY CONTACT (optional)			
Please provide additional contacts in case we need to get in touch with you about your waiting list status. These contacts can be homeless shelters, friends, family members etc.			
First Name: _____ Last Name: _____ Phone Number: _____			
Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____			

Tell us about all the other people who will live in the unit.

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	4. Date of birth (mm/dd/yyyy):		5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are they a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)		9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month		11. Location of School: (city, state, zip)		12. Grade Level	
				13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER PERSON 2	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	4. Date of birth (mm/dd/yyyy):		5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are they a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)		9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month		11. Location of School: (city, state, zip)		12. Grade Level	
				13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER PERSON 3	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	4. Date of birth (mm/dd/yyyy):		5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are they a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)		9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month		11. Location of School: (city, state, zip)		12. Grade Level	
				13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER PERSON 4	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	4. Date of birth (mm/dd/yyyy):		5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are they a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)		9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month		11. Location of School: (city, state, zip)		12. Grade Level	
				13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		

HOUSEHOLD CONDITIONS	
<p>Have you or anyone in your household been displaced from your home due to a natural disaster? (Such as a fire or flood, which left your housing unit uninhabitable.)</p> <p>Date of disaster: _____ Date displaced or will be displaced: _____</p> <p>Name of disaster: _____</p> <p>Location of disaster: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household displaced, or at risk of being displaced due to an action taken by the housing owner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household displaced, or at risk of being displaced due to domestic violence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household displaced, or at risk of being displaced due to hate crimes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household displaced, or at risk of being displaced due to a government action?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household displaced, or at risk of being displaced due to inaccessibility of residence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household displaced, or at risk of being displaced to avoid reprisals or due to witness protection?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you or any household member fleeing the home due to dangerous conditions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you currently living in substandard housing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone in the household currently residing in subsidized housing or receiving subsidized rental assistance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone living in an institution that provides a temporary residence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is anyone at serious risk of moving into an institution that provides a temporary residence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Was anyone recently discharged from an institution that provides a temporary residence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does any member of your household currently receive welfare assistance (such as TANF or state public assistance) or Social Security benefits (such as SSI or SSDI)?</p> <p>If yes, which welfare is being received?: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Submission:

Complete and sign the enclosed pre-application and mail it to ONE of the nearby participating PHAs during regular business hours. Only one application per family is accepted. Upon application submission, you'll receive a receipt with your application number and date on the waiting list. Keep it for your records.

Reasonable Accommodation:

If you have limited English, we can provide free interpretation services to help you access our services. If you have a disability, you may be entitled to reasonable accommodations to help you apply. This could include: Providing information in accessible formats (e.g., large print or Braille). To request an accommodation please contact any participating housing authority.

Online Application Management:

Visit AffordableHousing.com/masscwl for participating PHA details, online application, and information on managing your application.

SIGN BELOW
Unsigned applications may be returned.

By signing below, I certify that I understand that:

- Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- I need to notify the Housing Authorities if any information on this application changes.
- If I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply.
- I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

I certify that the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

Signature of Head of Household _____ **Date** _____