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.

		H	ead-of-Household				
* First name:		Middle:		*Last name:			
Primary Phone N	lumber:		Phone Type:	Mobile	Home	☐ Work	Othe
May we send text me	ssage to this number (rate	es may apply)	Yes No	Primary Email:			
		Curr	ent Living Situati	on	4.11		6.0
* What is your ho	usehold's living cond	lition?					
Living in a perm	nanent residence		Living in a tem	porary residence	!		
Living In a shelf	ter or hotel/motel		Living in a place	e that is not norr	nally used for	housing	
* Is your household	l at risk of losing your c	urrent residen	ce? Yes No		-	_	
15 15 15		C	Current Address	Bullia F	-tallia	81 1	14.37
In Care of:							
* Address 1:			Address 2:				
* City:		+ State:			* Zip Code:		
Is this the best place	e to send mail? If not, p	olease provide	a mailing address:				
LTRUIA B		N	lailing Address	i Alliani			
In Care of:							
Address 1:			Address 2:				
City:		State:			Zip Code:		
THE REST		THE RES	Housing Costs	Contact.	EVEDING.		
* What is your curre mortgage paymen	nt monthly rent or t?	*\$	* What is you (heat, hot wa	r total monthly co ater and electric	ost for utilities? ity only)	*\$	
		Em	ergenc y C ontact	1000	40 F.C	8 18	
Please provide ad	ditional contacts in c	ase we need	to get in touch with y	ou about your	waitlist statu	ıs.	
First Name:			Last Name:				
Phone:			Relationship:	Parent	Child	Sibling	Other
	Hall bear	10.00	Household			الكلاب	
How many people	live in your househo	old?				*#	
How many bedro	oms does the househ		76 14901			*#	
Date of	A	Hea	d-of-Household		L 2	A 18 P.	
Birth:			Gender:		* U.S. Citizen:	Yes	_ No
* SSN or Allen ID #		I have	e no SSN or Alien ID#	and the Chairs	* Disabled:	Yes	No



Please provide li									
	i i	lead-of-	Househol	ld Employm	en t & C	ther Incor	ne		
Employment 1:					Туре:	Full Tim	e 🗌 Par	rt Time 🔲 Sea	asonal
City:	h).		State:				Zip Code:		
Approximate Me	onthly Income	from Emp	loyment 1:			\$	Pay Cas	sh: Yes	□ No
Hours perweek	1	* Other tota	i monthly inco	ome (Including SSI	, SSD1, alim	ony, child supp	ort, pension	s, etc.):	
	Jan. M.		Head-o	f-Household	Schoo	o l			11
*Student:	Yes 🗌 No	If Yes, Sc	hool Name:				☐ Fu	!! Time Par	t Time
School Type:	☐ Kindergarte	n 🔲 Elen	nentary (K-6)	Middle (6-8	3) 🔲 Hig	th (9-12)	College or U	Jniversity Tr	aining
City:			State:				Zip Code:		
- W 572		IJĀŬ.	Head-of-	Household Vet	eran Stat	tus	777	, I - I	t, t
Have you ever s				•	-			* Yes (⊃ No
Are you an ex-sp but who had eve	ouse, widow, o er served on ac	or widower tive duty i	r of a person in the U.S. ar	n who is no long med forces, res	er a men erves, or	nber of the h National Gu	ousehold ard?	* Yes [] No
If yes to a quest	ion above, plea	ıse indicat	e years serv	ed:					
1 1 10	Head-of-Ho	useholo	d Race		Jim	Head-of-	Househo	ld Ethnicity	[24]
Optional: Asked s	solely for HUD	reporting	nurnosas		Asked	solely for HU	D reportin	g purposes:	
		p	hai hoses						
White	•		Asian		☐ His	panic or Latin	0		
	•			ler		spanic or Latin It Hispanic or I			
Black or Africa	•		 Asian	er	□ No	•	atino		
Black or Africa	an American e or Indian Amer		Asian Pacific Island	er	□ No	ot Hispanic or I	atino disclose		
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Black or Africa Alaska Native Household Mer First name: Relationship to the Date of Birth:	an American or Indian Amer mber 2 Head of House	ican O	Asian Pacific Island Other Middle: Spouse/Partn	er Parent * U.S. Citize	No We We We We We We We W	Co-Appast name: Sibling I	atino disclose licant (on foster child	Live in Aid C	Othe No
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Black or Africa Alaska Native Household Mer First name: Relationship to Date of Birth: SSN or Alien ID #	an American or Indian Amer mber 2 Head of House	ican hold: Gend	Asian Pacific Island Other Middle: Spouse/Partn	er Parent [• U.S. Citize Ihaven	*L. Child (en: OssNorAi rincome	Co-App. ast name: Sibling I Yes No en ID#(tempora	disclose disclose discant (on oster child * Disable ary number w	Live in Aid The Yes (All be provided by Pint Time Sea	Othe No HA)
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Black or Africa Alaska Native Household Mer First name: Relationship to the selection of Birth: SSN or Alien ID # Employment Mc City: Hours per week: School Type: City: Have you ever selections.	an American or Indian Amer mber 2 Head of House k onthly Income: Yes No	hold:	Asian Pacific Island Other Middle: Spouse/Partn er: Employ ar total mon hool Name: nentary (K-6) State:	Parent * U.S. Citize * U.S. Citize I haven ment & Othe thly income; (S: School Middle (6-8)	*Li Child (en: Type: Zip Code Si, Child Si E) Hights H	t Hispanic or I build not like to Co-App ast name: Sibling I Yes No en ID#(tempora Full Time E: Lipport, Pension tional Guardi	atino disclose licant (on foster child * Disable ary number w le	Live in Aid Tyes If Time Part Time Part Time Part	Othe No HA) asonal No
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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-A	applicant (d	one perhousehold) (
* First name:	, l	Alddie:		*	Last name:		
* Relationship to Head of House	hold: Spo	use/Partner	Parent	Child	Sibling (Foster child	d Live in Aid Othe
* Date of Birth:	Gender:		* U.S. Citizer	n: [Yes 🗆 1	vo * Disai	bled: Yes No
* SSN or Alien ID #:			☐ I have no	SSN or/	Allen ID#(tem)	orary number	will be provided by PHA)
		Employme	ent & Other i	Incon	ie .	Jan Jan	
Employment Monthly Income:	\$			Туре:	☐ Full T	ime 🗌 Pa	art Time 🔲 Seasonal
City:	State:		2	ZIp Cod	de:	Pay Ca	ash: Yes No
Hours per week	* Other to	tal monthly	/ Income: (SSI,	Child S	Support, Pen	sions, Etc.)	\$
	38	1.57	School				
*Student: Yes No	If Yes, School					☐ Fi	ull Time Part Time
School Type: Kindergarten	Elementa	ary (K-6)	Middle (6-8)	□ HI	gh (9-12)	College or I	University Training
City:	S	tate:				Zip Code:	
			eran Status			4.	
Have you ever served on active							* Yes No
Are you an ex-spouse, widow, or but who had ever served on act	r widower of a ive duty in the	U.S. armed	o is no longer I forces, reser	à mer ves, or	nber of the National G	household uard?	* Yes No
If yes to a question above, pleas	e Indicate yea	rs served: _					
Household Member 4		50 (50)	4		Co-Ap	plicant (on	e per household) 🔲
Household Member 4 * First name:	Mk	ddie:	4 4-3	*6	Co-Ap	plicant (on	e per household) 🔲
THE RESERVE OF THE PERSON NAMED IN		ddile: e/Partner	Parent C	+Li	-	plicant (on Foster child	e per household)
* First name:		e/Partner	Parent C	hild [est name:	Foster child	Live in Aid Other
* First name: * Relationship to Head of Househo	ld: Spous Gender:	e/Partner	* U.S. Citizen:	hild [Sibling O	Foster child	Live in Aid Other
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #:	Gender:	e/Partner	*U.S. Citizen: I have no SS t & Other In	hild [Sibiling O Yes No	Foster child * Disable rary number wi	Live in Aid Other ad: Yes No iii be provided by PHA)
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income:	Gender:	e/Partner	*U.S. Citizen: I have no SS t & Other In	hild (Sibiling O Yes No en ID#(tempo	Foster child * Disable rary number with	Live in Aid Other ad: Yes No iii be provided by PHA) Time Seasonal
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City:	Gender: Gender: Final Spous Final Spous	e/Partner	*U.S. Citizen: I have no SS t & Other In Ty Zij	NorAk Come	Sibling O	Foster child * Disable ary number was ne Part Pay Cas	Live in Aid Other ad: Yes No iii be provided by PHA) Time Seasonal h: Yes No
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income:	Gender: Gender: Final Spous Final Spous	e/Partner mploymen	* U.S. Citizen: I have no SS It & Other In Ty Zip ncome: (SSI, Ci	NorAk Come	Sibling O	Foster child * Disable ary number was ne Part Pay Cas	Live in Aid Other ad: Yes No iii be provided by PHA) Time Seasonal
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* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No If	Gender: Gender: Spous Gender: * State: * Other tota Fyes, School N	e/Partner mploymen il monthly in	*U.S. Citizen: I have no SS t & Other In Ty zij ncome: (SSI, Ci	Nor Ale Come ype: p Code	Yes No	Foster child * Disable rary number with the Part Pay Cas ons, Etc.)	Live in Aid Other ad: Yes No ill be provided by PHA) Time Seasonal h: Yes No Time Part Time
* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No If School Type: Kindergarten	Gender: Gender: Spous Gender: * State: * Other tota Fyes, School N Elementary	mploymen I monthly in S Jame:	* U.S. Citizen: I have no SS It & Other In Ty Zip ncome: (SSI, Ci	Nor Ale Come ype: p Code	Yes No en ID#(tempo	Foster child * Disable rary number with Pay Cas ons, Etc.) Full College or Ur	Live in Aid Other ad: Yes No ill be provided by PHA) Time Seasonal h: Yes No
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* First name: * Relationship to Head of Househo * Date of Birth: * SSN or Alien ID #: Employment Monthly Income: City: Hours per week: * Student: Yes No If School Type: Kindergarten City:	Gender: Gender: State: * Other tota Fyes, School N Elementary Sta	nploymen I monthly in S Jame: y (K-6)	* U.S. Citizen: I have no SS It & Other In Zip ncome: (SSI, Citichool Aiddle (6-8)	NorAid Come ype: p Code hild Su	Sibling No	Foster child * Disable rary number with the Part Pay Cast ons, Etc.) Full College or Ur Zip Code:	Live in Aid Other ad: Yes No ill be provided by PHA) Time Seasonal h: Yes No Time Part Time niversity Training
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Ago	Scant Har	usehold C ond	litions	إحاران	- Required File	
				هـــــــــــــــــــــــــــــــــــــ	* Yes No	
* Has anyone in your household been displace	Yes No					
Name / Disaster Type:	Name / Disaster Type: Disaster Date: Displacement				: Date:	
Disaster City:	State:			Zip Code:		
* Has anyone in your household been displaced owner/landlord?					* Yes No	
* Has anyone in the household vacated their hou person who engages in violence?	sing unit bec	ause of domestic v	iolence or lives	in a unit with a	* Yes No	
*Has anyone in your household been displaced o	r at risk of be	ing displaced due t	o hate crimes?		* 🗌 Yes 🗌 No	
* Has anyone in your household been displaced o	or at risk of be	ing displaced due	to a governmer	nt action?	* Yes No	
* Has anyone in your household been displaced o					* Yes No	
* Has anyone in your household been displaced of in witness protection?	or at risk of be	ing displaced to a	old reprisals or	due to being	* Yes No	
* is anyone in your household fleeing home due t	to dangerous	conditions?			* Yes No	
* Are you currently living in substandard housing	?				* Yes No	
* Are you or any household member living in an i congregate shelters and transitional housing, int	nstitution the ended for ind	et provides a temp ividuals with disal	orary residence ollities?	, including	* Yes No	
* Are you or a household member at serious risk residence, including congregate shelters and tran					* Yes No	
* Do you currently live at Father Bill's & Mainspri	ng (at 422 Wa	shington St, Quinc	y, MA 021 69)?		* Yes No	
You must complete all required fields on the marked with an asterisk (*). The fields on on the waitlist. Please note that each ho methods and preferences to rank application about completing your pre- Return a completed Pre-Application Massachusetts Section 8 Centralized Winformation documents.	this pre-appusing authorities on the application to ONI validing List.	plication are use ority operates ur waitlist. If you ha please contact a E of the 102 Par For a complete	d to determinate their own ave questions participating ticipating House ti	ne eligibility and local policy a or need addition thousing authors and local please see to be a	nd your placement and use different tional information ority.	
I CERTIFY THAT THE ENCLO	DSED INFO	DRMATION IS	ACCURATE	AND COM	PLETE.	
l understand that submission of false information Housing Choice Voucher Program. I certify that i h own behalf in the matter of contracts.	or misrepres nave attained	sentation may resu the age of eighteen	it in loss of eligi and therefore	bility to particip have full legal o	ate in the Section 8 capacity to act on my	
* Signature of Head of Household:			* Da	ite:		
LINE STATE OF	For Pl	HA use only	ńk B		14. 81	
Application ID:		Application	Date:			





Massachusetts Section 8 Centralized Waiting List

102 Participating Housing Authorities

Abington Housing Authority, 71 Shew 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 Chaimsford Housing Authority, 10 Wilson St, Chaimsford, MA 1824 Chelsea Housing Authority, 54 Locke St., Chelses, MA 02150 Chicopse Housing Authority, 128 Meetinghouse Road, Chicopse, 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, 971 Mammoth Rd, Dracut, MA 01826 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, 259 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 Flagter 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 ioswich Housing Authority, One Agawam Village, Ipswich, MA 01938 Lawrence Housing Authority, 353 Elm Street, Lawrence, MA 01841 Leominster Housing Authority, 100 Main Street, Leominster, MA 01453 Lexington Housing Authority, 1 Countryside Village, Lexington, MA 02420 Maiden Housing Authority, 89 Pearl Street, Maiden, MA 02148 Mansfield Housing Authority, 22 Bicentennial Ct, Mansfield, MA 02048

Mariborough C.D.A. - Housing Division, 255 Main St Rm 212, Mariborough, 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 Senton Street, Middleborough, MA 02346 Milford Housing Authority, 45 Birmingham Ct. Milford, MA 01757 Millis Housing Authority, 310 Exchange St. Millis, 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 Highlanda, 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 2062 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, 62 Cooledge Street, Revere, MA 02151 Rockland Housing Authority, 8 Studiey Court, Rockland, MA 02370 Rockport Housing Authority, 13 Milibrook Park, Rockport, MA 1986 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 Pins St, Stockbridge, MA 1262 Stoughton Housing Authority, 4 Capen St, Stoughton, MA 2072 Taunton Housing Authority, 30 Oiney Street, Taunton, MA 02780 Tewksbury Housing Authority, Saunders Circle, Tewksbury, MA 01876 Wakefield Housing Authority, 26 CRESCENT STREET, Wakefield, MA 01880 Waipole Housing Authority, 8 Diamond Pond Ter, Waipole, MA 2081 Waltham Housing Authority, 110 Fond Street, Waltham, MA 02451 Ware Housing Authority, 20 Valley Vw, Ware, MA 1082 Warren Housing Authority, 95 Winthrope Terrace, Warren, MA 01083 Watertown Housing Authority MA, 55 Waverley Ave, Watertown, MA 02472 Wayland Housing Authority, 106 Main Street, Wayland, MA 01778 Webster Housing Authority, 10 Golden Hts, 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, Waymouth, 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 01605

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

www.gosection8.com/massCWL