

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
CENTRALIZED WAITING LIST PRE-APPLICATION**

**For Agency Use Only:**  
Date/Time

**1. HEAD OF HOUSEHOLD**

Social Security or Alien Registration #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Work Address\* (City/Town ONLY): \_\_\_\_\_

**\*Some housing authorities give preference to applicants and/or spouses living or working in the housing authority's town.**

Mailing Address (*if different from Home Address*): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. SPOUSE/PARTNER**

Social Security or Alien Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work Address\* (City/Town ONLY): \_\_\_\_\_

**3. HOW MANY PEOPLE WILL LIVE IN THE UNIT?** Please include yourself. \_\_\_\_\_

**4. TOTAL GROSS ANNUAL HOUSEHOLD INCOME:** \_\_\_\_\_

**5. IS HEAD OF HOUSEHOLD** (*Check ALL that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Black/African American                 |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian                         |   |

**6. IS HEAD OF HOUSEHOLD** (*Check only one*):

- ☐ Hispanic ☐ Non-Hispanic

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

**7. PREFERENCES** (*Check ALL that apply*.)

Please read attached "Definitions of Preferences" to determine which apply to you. **NOTE:** Participating housing authorities may or may not use some or all of the preferences listed below. (*A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.*)

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Board of Health Condemnation                          | <input type="checkbox"/> 12. Homeless                                       |
| <input type="checkbox"/> 2. Disabled  | <input type="checkbox"/> 13. Rent Burdened 50% of Income                    |
| <input type="checkbox"/> 3. Displaced by Hate Crimes, Reprisals                   | <input type="checkbox"/> 14. Rent Burdened 40% of Income                    |
| <input type="checkbox"/> 4. Displaced by Landlord Non-Renewal                     | <input type="checkbox"/> 15. One-person Family                              |
| <input type="checkbox"/> 5. Displaced by Natural Disaster                         | <input type="checkbox"/> 16. Substandard Housing (includes homeless)        |
| <input type="checkbox"/> 6. Displaced by Public Action                            | <input type="checkbox"/> 17. Client for Project Based Section 8 Unit        |
| <input type="checkbox"/> 7. Displaced by Domestic Violence                        | <input type="checkbox"/> 18. Tenant of Project Based Section 8 Unit         |
| <input type="checkbox"/> 8. Elderly   | <input type="checkbox"/> 19. Veteran  |
| <input type="checkbox"/> 9. Near Elderly (55+)                                    | <input type="checkbox"/> 20. Working  |
| <input type="checkbox"/> 10. Extremely Low Income                                 | <input type="checkbox"/> 23. Participant in Metco Program in Wayland school |
| <input type="checkbox"/> 11. Health Condition (disability affecting housing need) | <input type="checkbox"/> 24. Activated Military Personnel to Persian Gulf   |

**8. I CERTIFY THAT THE ABOVE 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 on the back of this form. Incomplete, photocopied, e-mailed, or faxed applications will not be accepted.**

**Return completed application to ONE participating housing authority NEAREST TO YOU or**  
**APPLY ONLINE at [www.section8listmass.org](http://www.section8listmass.org).**

***Incomplete, photocopied, e-mailed or faxed applications will not be accepted.***

Participating housing authorities may have **additional housing assistance programs available**. Please **contact them directly** to request information and applications for any additional housing assistance.

**For general information please call the Centralized Waiting List Informational Line at 877-868-0040**

**Participating Housing Authorities:**

Abington Housing Authority, 71 Shaw Ave., Abington, MA 02351  
Acton Housing Authority, 68 Windsor Ave., PO Box 681, Acton, MA 01720  
Amesbury Housing Authority, 180 Main St., 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 02474  
Belmont Housing Authority, 59 Pearson Rd., Belmont, MA 02478  
Beverly Housing Authority, 137 Rear Bridge St., Beverly, MA 01915  
Bourne Housing Authority, 871 Shore Rd., Pocasset, MA 02559  
Braintree Housing Authority, 25 Roosevelt St., Braintree, MA 02184  
Bridgewater Housing Authority, 10 Heritage Road, Bridgewater, MA 02324  
Brockton Housing Authority, 45 Goddard Rd., PO Box 7070, Brockton, MA 02303  
Brookline Housing Authority, 90 Longwood Ave., Brookline, MA 02446  
Burlington Housing Authority, 15 Birchcrest St., Burlington, MA 01803  
Chelmsford Housing Authority, 10 Wilson St., Chelmsford, MA 01824  
Chelsea Housing Authority, 54 Locke St., Chelsea, MA 02150  
Chicopee Housing Authority, 128 Meetinghouse Rd., Chicopee, MA 01013  
Concord Housing Authority, 34 Everett Street, Concord, MA 01742  
Danvers Housing Authority, 14 Stone Street, Danvers, MA 01923  
Dartmouth Housing Authority, 2 Anderson Way, N. Dartmouth, MA 02747  
Dedham Housing Authority, 163 Dedham Blvd., Dedham, MA 02026  
Dennis Housing Authority, 167 Center St., So. Dennis, MA 02660  
Dracut Housing Authority, 971 Mammoth Rd., Dracut, MA 01826  
Duxbury Housing Authority, 59 Chestnut St., Duxbury, MA 02332  
Everett Housing Authority, 393 Ferry St., Everett, MA 02149  
Fall River Housing Authority, 180 Morgan St., Fall River, MA 02722  
Fitchburg Housing Authority, 50 Day Street, Fitchburg, MA 01420  
Framingham Housing Authority, 1 John J. Brady Dr., Framingham, MA 01702  
Gardner Housing Authority, 116 Church St., Gardner, MA 01440  
Gloucester Housing Authority, P.O. Box 1599, Gloucester, MA 01931-1599  
Greenfield Housing Authority, One Elm Ter., Greenfield, MA 01301  
Halifax Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026  
Haverhill Housing Authority, 25-C Washington Sq., Haverhill, MA 01831-2451  
Holbrook Housing Authority, One Holbrook Court, Holbrook, MA 02343  
Holden Housing Authority, 9 Flagler Drive, Holden, MA 01520  
Holyoke Housing Authority, 475 Maple St., Holyoke, MA 01040  
Hudson Housing Authority, 8 Brigham Cir., Hudson, MA 01749  
Ipswich Housing Authority, One Agawam Village, Ipswich, MA 01938  
Lawrence Housing Authority, 353 Elm Street, Lawrence, MA 01842  
Leominster Housing Authority, 100 Main St., Leominster, MA 01453  
Lexington Housing Authority, One Countryside Village, Lexington, MA 02420  
Malden Housing Authority, 89 Pearl St., Malden, MA 02148  
Marlborough CDA - Housing Division, 240 Main St., Marlborough, MA 01752  
Medford Housing Authority, 121 Riverside Ave., Medford, MA 02155  
Melrose Housing Authority, 910 Main St., Melrose, MA 02176  
Methuen Housing Authority, 24 Mystic St., Methuen, MA 01844

Middleboro Housing Authority, 8 Benton St., Middleboro, MA 02346  
Milford Housing Authority, 45 Birmingham Court, Milford, MA 01757  
Millis Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026  
Milton Housing Authority, 65 Miller Ave., Milton, MA 02186  
Natick Housing Authority, 4 Cottage St., Natick, MA 01760  
Needham Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026  
Newburyport Housing Authority, 25 Temple St., Newburyport, MA 01950  
Newton Housing Authority, 82 Lincoln Street, Newton Highlands, MA 02461  
North Andover Housing Authority, One Moreski Meadows, No. Andover, MA 01845  
North Attleboro Housing Authority, PO Box 668, North Attleboro, MA 02761  
North Reading Housing Authority, Peabody Ct., No. Reading, MA 01864  
Norwood Housing Authority, 40 William Shyne Cir., Norwood, MA 02062  
Oxford Housing Authority, 23 Wheelock St., Oxford, MA 01540  
Peabody Housing Authority, 75 Central St., Ste. 2, Peabody, MA  
Pembroke Housing Authority, Kilcommons Drive, Pembroke, MA 02359  
Plymouth Housing Authority, 130 Court St., PO Box 3537, Plymouth, MA 02361  
Quincy Housing Authority, 80 Clay Street, Quincy, MA 02170  
Reading Housing Authority, 22 Frank Tanner Dr., Reading, MA 01867  
Revere Housing Authority, 82-84 Cooledge St., Revere, MA 02151  
Rockland Housing Authority, 8 Studley Court, Rockland, MA 02370  
Rockport Housing Authority, 13 Millbrook Park, Rockport, MA 01966  
Salem Housing Authority, 27 Charter St., Salem, MA 01970  
Salisbury Housing Authority, 23 Beach Road, Salisbury, MA 01952  
Saugus Housing Authority, 19 Talbot St., Saugus, MA 01906  
Shrewsbury Housing Authority, 36 No. Quinsigamond Ave., Shrewsbury, MA 01545  
Somerville Housing Authority, 30 Memorial Road, Somerville, MA 02145  
Southbridge Housing Authority, 60 Charlton St., Southbridge, MA 01550  
Springfield Housing Authority, PO Box 1609, Springfield, MA 01101  
Stockbridge Housing Authority, PO Box 419, 5 Pine St., Stockbridge, MA 01262-0419  
Taunton Housing Authority, 30 Olney St., Taunton, MA 02780  
Tewksbury Housing Authority, Saunders Circle, Tewksbury, MA 01876  
Wakefield Housing Authority, 26 Crescent St., Wakefield, MA 01880  
Walpole Housing Authority, 8 Diamond Pond Ter., Walpole, MA 02081  
Waltham Housing Authority, 110 Pond St., Waltham, MA 02451  
Ware Housing Authority, 20 Valley View, Ware, MA 01082  
Warren Housing Authority, P.O. Box 3021, Warren, MA 01083  
Watertown Housing Authority, 55 Waverly Avenue, Watertown, MA 02472  
Wayland Housing Authority, 106 Main St., Wayland, MA 01778  
Webster Housing Authority, 10 Golden Heights, Webster, MA 01570  
Wellesley Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026  
Westfield Housing Authority, 12 Alice Burke Way, PO Box 99, Westfield, MA 01086  
West Springfield Housing Authority, 37 Oxford Pl., West Springfield, MA 01089  
Weymouth Housing Authority, 402 Essex St., Weymouth, MA 02188  
Winchendon Housing Authority, 108 Ipswich Dr., Winchendon, MA 01475  
Winchester Housing Authority, 13 Westley St., Winchester, MA 01890  
Woburn Housing Authority, 59 Campbell St., Woburn, MA 01801  
Worcester Housing Authority, 40 Belmont St., Worcester, MA 01605

Massachusetts  
Section 8 Centralized Waiting List  
**Definitions of Preferences**

**NOTE:** *Participating housing authorities may or may not use some or all of the preferences listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.*

**Activated Military Personnel to Persian Gulf:** Family who head or spouse has been called to active duty in the Armed Forces as a result, or in anticipation of, military deployment in Persian Gulf region.

**Board of Health Condemnation:** An applicant who can provide documentation from the Board of Health that they have been displaced most recently or about to be displaced due to the Board of Health condemning their unit.

**Disabled:** Family whose head, spouse or sole member:

- 1) has a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, learning, breathing and working;
- 2) has a record of or has a history of such an impairment; or
- 3) is regarded as having an impairment or the impairment is treated by the applicant as constituting such a limitation of one or more life activities.

Verification must include one or more of the following:

- 1) Receipt of Social Security Disability or Supplemental Security Income, or
- 2) Letters regarding qualification for SSI payments, or
- 3) Proof of residence in an institution, or
- 4) Documents showing hospitalization for a disability, or
- 5) Letter from another knowledgeable professional, such as a health or service professional or a social worker.

**Displaced by hate crimes, reprisals:** An applicant is involuntarily displaced if the hate crime occurred recently or is of continuing nature, and:

- 1) Family members provided information on criminal activities to a law enforcement agency, or
- 2) One or more members of an applicant's family has been the victim of one or more hate crimes, AND the applicant has vacated the unit or must vacate because the activity interferes with his quiet enjoyment of the premises.

Documentation must be provided by a law enforcement agency that verifies there has been actual or threatened physical violence or intimidation that is directed against a person or his or her property, and that is based on a person's race, color, creed, religion, sex, national origin, disability or familial status.

**Displaced by Landlord Non-renewal:** Displaced by landlord through no fault of their own, i.e.:

- 1) Condo conversions
- 2) Closure of unit (e.g., rehab)
- 3) Owner wants unit for personal or family use

- 4) Unit sold with applicant's agreement to vacate upon sale
- 5) Any legally-authorized act that results in owner's taking unit off rental market
- 6) Or any other definition set by a particular housing authority

Verification must include documentation of such action an/or court executed documents.

**Displace by Natural Disaster:** An applicant who has been displaced by a disaster recognized by the Federal government, which extensively damaged or destroyed their dwelling, i.e. fire, flood or other natural disaster and documented by the local Buildings Department or Board of Health.

**Displaced by Public Action:** An applicant who has been displaced through governmental action. Verification must be documented by the government agency displacing the applicant.

**Domestic Violence:** An applicant who vacated their unit because of domestic violence or lives in a unit with a person who engages in violence.

Documented actual or threatened violence directed toward self or member(s) of household by spouse or other member of applicant's household must come from a third party source, i.e. shelter advocate, social worker, law enforcement agency, etc.

The domestic violence should have occurred recently or be of a continuing nature.

**Elderly:** An applicant or spouse who is sixty-two (62) years of age or older.

**Near Elderly (55+):** An applicant or spouse who is at least fifty five (55) but less than sixty-two (62) years of age.

**Extremely Low Income:** An applicant whose gross family income does not exceed 30% of the Median income limit for the highest part of the State (Easton-Raynham & Eastern Worcester areas) by family size, currently:

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$21,850	\$25,000	\$28,100	\$31,200	\$33,700	\$36,200	\$38,700	\$41,200

**Health Conditions (disability affecting housing need):** An applicant who is or about to be displaced due to:

- 1) A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit, AND
- 2) The owner is not legally obligated to make changes to the unit, or
- 3) Any other definition used by a particular housing authority.

**Homeless:** Applicant must be currently homeless and must be able to provide third party documentation of their homelessness that they:

- 1) Lacks fixed, regular, and adequate nighttime residence; OR
- 2) Has primary nighttime residence that is:

A supervised public or privately operated shelter designated to provide temporary living accommodations. (Welfare Hotels, congregate shelters and transitional housing).

An institution that provides temporary residence for individuals intended to be institutionalized (not incarcerated).

A public or private place not designated or normally used as regular sleeping place for humans.

**Participant in Metco Program in Wayland school:** An applicant with a family member who participates in the Metco Program in a Wayland school is included in the definition of Wayland resident

**Rent burdened 50% of income:** An applicant who can document that they are paying more than 50% of their monthly gross family adjusted income (adjustments for dependent allowance, medical expenses, etc.) toward monthly housing costs (rent and utilities).

**Rent burdened 40% of income:** An applicant who can document that they are paying more than 40% of their monthly gross family adjusted income (adjustments for dependent allowance, medical expenses, etc.) toward monthly housing costs (rent and utilities).

**Single Person:** A one-person family if they meet all other eligibility criteria.  
This includes an elderly person, disabled person and a single pregnant person.

**Substandard Housing (includes homeless):** Applicant who can document through a third party certified to do so, that:

Applicant resides in a unit that:

- 1) Does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or
- 2) Has one or more critical defects or combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding (i.e has not satisfied HQS or other regulatory standard used by particular housing authority) .

OR

Applicant is homeless (see 'Homeless'):

**Tenants of Project-Based Units:** An applicant who currently resides in a unit that has been designated for Project-Based Assistance. This Preference selection must be accompanied by a letter of verification from the designated Project-Based landlord.

**Clients for Project-Based Units:** An applicant who has met the qualifications of a designated Project-based unit. This Preference selection must be accompanied by a letter of verification from the designated Project-Based landlord.

**Veteran:** An applicant who can document that they are:

- 1) a veteran with service-connected disability;
- 2) a family of a deceased veteran who's death was service-connected; or
- 3) other veteran that meets the definition of a particular housing authority's administrative plan.

**Working:** An applicant and/or spouse is currently employed.