



Massachusetts Section 8 Centralized Waiting List

Pre-Application Information

The Massachusetts Section 8 Centralized Waiting List is a partnership of 101 Public Housing Authorities (PHAs) within the Commonwealth of Massachusetts which have streamlined their application process for a Section 8 Voucher. The Section 8 Centralized Waiting List opened on January 6, 2003 and will remain open and accept applications indefinitely. Applicants submit one application to the Centralized Waiting List system and their application is automatically added to the Section 8 waitlist for all 101 participating PHAs. Each participating PHA selects participants to their Section 8 Voucher program off of the centralized waiting list in accordance with their local policy.

While on the waiting list, applicants must submit changes in contact information, household composition, total household income and any other information provided on the application within 10 days of the occurrence of a change. The changes must be submitted in writing to a participating housing authority or may be submitted online via the GoSection8.com application portal.

Applicants will receive an update card in the mail if no changes have been made to their application or have not confirmed their application is current within two years. The purpose of an update mailing is to keep applicant contact information up-to-date and to remove those on the waitlist who are no longer interested. Applicants that do not respond to an update mailing will be removed from the Massachusetts Section 8 Centralized Waiting List.

Participating housing authorities may have other open waitlists. To check for an open waitlist or for more information on the Massachusetts Section 8 Centralized Waiting List please visit www.gosection8.com/MassCWL.

Applicants may apply online or link a current application at www.gosection8.com/MassCWL

With an online account you can:

- Check the status of your application
- View new preferences that may have been added to an application
- Update changes to your application and household information
- Search for open waitlists and other affordable housing opportunities
- Sign up for waitlist alerts

While you are waiting, please check on your application regularly and update any changes!

Upon request, we will provide help in explaining this document, the application and any other information about the waitlist and will provide all materials in alternate formats including in larger print and in multiple different languages.





Massachusetts Section 8 Centralized Waiting List

101 Participating Housing Authorities

Abington H.A., 71 Shaw Ave., Abington, MA 02351
Acton H.A., 68 Windsor Ave., PO Box 681, Acton, MA 01720
Amesbury H.A., 180 Main St., Amesbury, MA 01913
Amherst H.A., 33 Kellogg Ave., Amherst, MA 01002
Andover H.A., 100 Morton St., Andover, MA 01810
Arlington H.A., 4 Winslow St., Arlington, MA 02474
Attleboro H.A., 80 South Avenue, Attleboro, MA 02703
Bellingham H.A., 10 Wrentham Manor, Bellingham, MA 02019
Belmont H.A., 59 Pearson Rd., Belmont, MA 02478
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Braintree H.A., 25 Roosevelt St., Braintree, MA 02184
Bridgewater H.A., 10 Heritage Road, Bridgewater, MA 02324
Brockton H.A., 45 Goddard Rd., Brockton, MA 02303
Brookline H.A., 90 Longwood Ave., Brookline, MA 02446
Burlington H.A., 15 Birchcrest St., Burlington, MA 01803
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Dennis H.A., 167 Center St., So. Dennis, MA 02660
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Falmouth H.A., 115 Scranton Avenue, Falmouth, MA 02540
Fitchburg H.A., 50 Day Street, Fitchburg, MA 01420
Framingham H.A., 1 John J. Brady Dr., Framingham, MA 01702
Franklin Cty Reg.HRA, 241 Millers Falls Rd, Turners Falls, MA 01376
Gardner H.A., 116 Church St., Gardner, MA 01440
Gloucester H.A., P.O. Box 1599, Gloucester, MA 01931-1599
Greenfield H.A., One Elm Ter., Greenfield, MA 01301
Halifax H.A., One Parsons Lane, Halifax, MA 02338
Haverhill H.A., 25-C Washington Sq., Haverhill, MA 01831-2451
Holbrook H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Holden H.A., 9 Flagler Drive, Holden, MA 01520
Holliston H.A., 492 Washington St., Holliston, MA 01746
Holyoke H.A., 475 Maple St., Holyoke, MA 01040
Hudson H.A., 8 Brigham Cir., Hudson, MA 01749
Ipswich H.A., One Agawam Village, Ipswich, MA 01938
Lawrence H.A., 353 Elm Street, Lawrence, MA 01842
Leominster H.A., 100 Main St., Leominster, MA 01453
Lexington H.A., One Countryside Village, Lexington, MA 02420
Malden H.A., 89 Pearl St., Malden, MA 02148
Marlborough CDA, 240 Main St., Marlborough, MA 01752
Medford H.A., 121 Riverside Ave., Medford, MA 02155

Melrose H.A., 910 Main St., Melrose, MA 02176
Methuen H.A., 24 Mystic St., Methuen, MA 01844
Middleboro H.A., 8 Benton St., Middleboro, MA 02346
Milford H.A., 45 Birmingham Court, Milford, MA 01757
Millis H.A., c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Milton H.A., 65 Miller Ave., Milton, MA 02186
Natick H.A., 4 Cottage St., Natick, MA 01760
Needham H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Newburyport H.A., 25 Temple St., Newburyport, MA 01950
Newton H.A., 82 Lincoln Street, Newton Highlands, MA 02461
North Andover H.A., One Moreski Meadows, No. Andover, MA 01845
North Attleboro H.A., 20 S. Washington St. N. Attleboro, MA 02760
North Reading H.A., Peabody Ct., No. Reading, MA 01864
Norwood H.A., 40 William Shyne Cir., Norwood, MA 02062
Oxford H.A., 23 Wheelock St., Oxford, MA 01540
Peabody H.A., 75 Central St., Ste. 2, Peabody, MA
Pembroke H.A., Kilcommons Drive, Pembroke, MA 02359
Plymouth H.A., 130 Court St., PO Box 3537, Plymouth, MA 02361
Quincy H.A., 80 Clay Street, Quincy, MA 02170
Reading H.A., 22 Frank Tanner Dr., Reading, MA 01867
Revere H.A., 82-84 Cooledge St., Revere, MA 02151
Rockland H.A., 8 Studley Court, Rockland, MA 02370
Rockport H.A., 13 Millbrook Park, Rockport, MA 01966
Salem H.A., 27 Charter St., Salem, MA 01970
Salisbury H.A., 23 Beach Road, Salisbury, MA 01952
Saugus H.A., 19 Talbot St., Saugus, MA 01906
Shrewsbury H.A., 36 No. Quinsigamond Ave., Shrewsbury, MA 01545
Somerville H.A., 30 Memorial Road, Somerville, MA 02145
Southbridge H.A., 60 Charlton St., Southbridge, MA 01550
Springfield H.A., PO Box 1609, Springfield, MA 01101
Stockbridge H.A., PO Box 419, 5 Pine St., Stockbridge, MA 01262
Stoughton H.A., 4 Capen Street, Stoughton, MA 02072
Taunton H.A., 30 Olney St., Taunton, MA 02780
Tewksbury H.A., Saunders Circle, Tewksbury, MA 01876
Wakefield H.A., 26 Crescent St., Wakefield, MA 01880
Walpole H.A., 8 Diamond Pond Ter., Walpole, MA 02081
Waltham H.A., 110 Pond St., Waltham, MA 02451
Ware H.A., 20 Valley View, Ware, MA 01082
Warren H.A., P.O. Box 3021, Warren, MA 01083
Watertown H.A., 55 Waverly Avenue, Watertown, MA 02472
Wayland H.A., 106 Main St., Wayland, MA 01778
Webster H.A., 10 Golden Heights, Webster, MA 01570
Wellesley H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Westfield H.A., 12 Alice Burke Way, PO Box 99, Westfield, MA 01086
West Springfield H.A., 37 Oxford Pl., West Springfield, MA 01089
Weymouth H.A., 402 Essex St., Weymouth, MA 02188
Winchendon H.A., 108 Ipswich Dr., Winchendon, MA 01475
Winchester H.A., 13 Westley St., Winchester, MA 01890
Woburn H.A., 59 Campbell St., Woburn, MA 01801
Worcester H.A., 40 Belmont St., Worcester, MA 01605

Participating housing authorities may have other open waitlists. To check for an open waitlist or for more information on the Massachusetts Section 8 Centralized Waiting List please visit

www.gosection8.com/MassCWL



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 name:	
Primary Phone Number:			Phone Type:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
May we send text message to this number (rates may apply)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Email:		* Date of Birth:		Gender:	
		* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* SSN or Alien ID #:	<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)		

Current 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

Housing Costs

* What is your current monthly rent or mortgage payment?	* \$
* What is your total monthly cost for utilities? (heat, hot water and electricity only)	* \$
* Is your household at risk of losing your current residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address

In Care of:					
* Address 1:			Address 2:		
* City:		* State:		* Zip Code:	
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:	

Emergency Contact

Please provide additional contacts in case we need to get in touch with you about your waitlist status. These contacts can be homeless shelters, friends, family members etc.

First Name:		Last Name:			
Phone:			Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other	

Household

* How many people live in your household?	* #
* How many bedrooms does the household require?	* #



Employment & Other Income

Employment 1:			Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
City:		State:		Zip Code:		
Approximate Monthly Income from Employment 1:				\$	Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):						* \$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training			
City:		State:		Zip Code:

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____	

Race

Optional: Asked solely for HUD reporting purposes.

- ☐ White ☐ Asian
☐ Black or African American ☐ Pacific Islander
☐ Alaska Native or Indian American ☐ Other

Ethnicity

Asked solely for HUD reporting purposes:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Would not like to disclose

Household Member 2

Co-Applicant (one per household) ☐

* First name:		Middle:		* Last name:	
* Relationship to Head of Household:	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other				
* Date of Birth:		Gender:		* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:		<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)			

Employment & Other Income

Employment Monthly Income:	\$	Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City:		State:	
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income: (SSI, Child Support, Pensions, Etc.)	\$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training			
City:		State:		Zip Code:

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
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

Household Member 3				Co-Applicant (one per household) <input type="checkbox"/>	
* First name:		Middle:	* Last name:		
* Relationship to Head of Household:		<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other			
* Date of Birth:	Gender:	* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:		<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)			
Employment & Other Income					
Employment Monthly Income: \$		Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			
City:	State:		Zip Code:		
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income: (SSI, Child Support, Pensions, Etc.)			\$
School					
* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
School Type:		<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training			
City:	State:		Zip Code:		
Veteran Status					
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____					

Household Member 4				Co-Applicant (one per household) <input type="checkbox"/>	
* First name:		Middle:	* Last name:		
* Relationship to Head of Household:		<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other			
* Date of Birth:	Gender:	* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:		<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)			
Employment & Other Income					
Employment Monthly Income: \$		Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			
City:	State:		Zip Code:		
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income: (SSI, Child Support, Pensions, Etc.)			\$
School					
* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
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City:	State:		Zip Code:		
Veteran Status					
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____					

Applicant Household Conditions

* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name / Disaster Type:		Disaster Date:		Displacement Date:	
Disaster City:		State:		Zip Code:	
* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in the household vacated their housing unit because of domestic violence or lives in a unit with a person who engages in violence?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to hate crimes?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to a government action?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to the inaccessibility of a unit?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced to avoid reprisals or due to being in witness protection?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Is anyone in your household fleeing home due to dangerous conditions?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you currently living in substandard housing?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you or any household member living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you or a household member at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Do you currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA 02169) ?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	

You must complete all required fields on the pre-application in order to be added to the waitlist. Required fields are marked with an asterik (*). The fields on this pre-application are used to determine eligibility and your placement on the waitlist. Please note that each housing authority operates under their own local policy and use different methods and preferences to rank applicants on the waitlist. If you have questions or need additional information about completing your pre-application please contact a participating housing authority.

Return a completed Pre-Application to ONE of the 101 Participating Housing Authorities on the Massachusetts Section 8 Centralized Waiting List. For a complete list of PHA's please see the Pre-Application information document or visit www.gosection8.com/MassCWL.

I CERTIFY THAT THE ENCLOSED 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:

For PHA use only

Application ID: _____

Application Date: _____

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Chicopee H.A., 128 Meetinghouse Rd., Chicopee, MA 01013	Reading H.A., 22 Frank Tanner Dr., Reading, MA 01867
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Dartmouth H.A., 2 Anderson-Way, N. Dartmouth, MA 02747	Rockport H.A., 13 Millbrook Park, Rockport, MA 01966
Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026	Salem H.A., 27 Charter St., Salem, MA 01970
Dennis H.A., 167 Center St., So. Dennis, MA 02660	Salisbury H.A., 23 Beach Road, Salisbury, MA 01952
Dracut H.A., 971 Mammoth Rd., Dracut, MA 01826	Saugus H.A., 19 Talbot St., Saugus, MA 01906
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Fall River H.A., 1197 Robeson St., Fall River, MA 02720	Southbridge H.A., 60 Charlton St., Southbridge, MA 01550
Falmouth H.A., 115 Scranton Avenue, Falmouth, MA 02540	Springfield H.A., PO Box 1609, Springfield, MA 01101
Fitchburg H.A., 50 Day Street, Fitchburg, MA 01420	Stockbridge H.A., PO Box 419, 5 Pine St., Stockbridge, MA 01262
Framingham H.A., 1 John J. Brady Dr., Framingham, MA 01702	Stoughton H.A., 4 Capen Street, Stoughton, MA 02072
Franklin Cty Reg. HRA, 241 Millers Falls Rd, Turners Falls, MA 01376	Taunton H.A., 30 Olney St., Taunton, MA 02780
Gardner H.A., 116 Church St., Gardner, MA 01440	Tewksbury H.A., Saunders Circle, Tewksbury, MA 01876
Gloucester H.A., P.O. Box 1599, Gloucester, MA 01931-1599	Wakefield H.A., 26 Crescent St., Wakefield, MA 01880
Greenfield H.A., One Elm Ter., Greenfield, MA 01301	Walpole H.A., 8 Diamond Pond Ter., Walpole, MA 02081
Halifax H.A., One Parsons Lane, Halifax, MA 02338	Waltham H.A., 110 Pond St., Waltham, MA 02451
Haverhill H.A., 25-C Washington Sq., Haverhill, MA 01831-2451	Ware H.A., 20 Valley View, Ware, MA 01082
Holbrook H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026	Warren H.A., P.O. Box 3021, Warren, MA 01083
Holden H.A., 9 Flagler Drive, Holden, MA 01520	Watertown H.A., 55 Waverly Avenue, Watertown, MA 02472
Holliston H.A., 492 Washington St., Holliston, MA 01746	Wayland H.A., 106 Main St., Wayland, MA 01778
Holyoke H.A., 475 Maple St., Holyoke, MA 01040	Webster H.A., 10 Golden Heights, Webster, MA 01570
Hudson H.A., 8 Brigham Cir., Hudson, MA 01749	Wellesley H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Ipswich H.A., One Agawam Village, Ipswich, MA 01938	Westfield H.A., 12 Alice Burke Way, PO Box 99, Westfield, MA 01086
Lawrence H.A., 353 Elm Street, Lawrence, MA 01842	West Springfield H.A., 37 Oxford Pl, West Springfield, MA 01089
Leominster H.A., 100 Main St., Leominster, MA 01453	Weymouth H.A., 402 Essex St., Weymouth, MA 02188
Lexington H.A., One Countryside Village, Lexington, MA 02420	Winchendon H.A., 108 Ipswich Dr., Winchendon, MA 01145
Malden H.A., 89 Pearl St., Malden, MA 02148	Winchester H.A., 13 Westley St., Winchester, MA 01890
Marlborough CDA, 240 Main St., Marlborough, MA 01752	Woburn H.A., 59 Campbell St., Woburn, MA 01801
Medford H.A., 121 Riverside Ave., Medford, MA 02155	Worcester H.A., 40 Belmont St., Worcester, MA 01605

Participating housing authorities may have other open waitlists. To check for an open waitlist or for more information on the Massachusetts Section 8 Centralized Waiting List please visit

www.gosection8.com/MassCWL



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 name:	
Primary Phone Number:		Phone Type:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
May we send text message to this number (rates may apply)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Email:		* Date of Birth:		Gender:	
* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* SSN or Alien ID #:		* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)		

Current 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

Housing Costs

* What is your current monthly rent or mortgage payment?	* \$
* What is your total monthly cost for utilities? (heat, hot water and electricity only)	* \$
* Is your household at risk of losing your current residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address

In Care of:			
* Address 1:		Address 2:	
* City:		* State:	
		* Zip Code:	
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:	

Emergency Contact

Please provide additional contacts in case we need to get in touch with you about your waitlist status. These contacts can be homeless shelters, friends, family members etc.

First Name:		Last Name:	
Phone:		Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other

Household

* How many people live in your household?	* #
* How many bedrooms does the household require?	* #

Employment & Other Income

Employment 1:			Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
City:		State:		Zip Code:		
Approximate Monthly Income from Employment 1:				\$	Pay-Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):						* \$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training			
City:		State:		Zip Code:

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____	

Race**Ethnicity**

Optional: Asked solely for HUD reporting purposes.

- ☐ White ☐ Asian
☐ Black or African American ☐ Pacific Islander
☐ Alaska Native or Indian American ☐ Other

Asked solely for HUD reporting purposes:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Would not like to disclose

Household Member 2Co-Applicant (one per household) ☐

* First name:		Middle:		* Last name:	
* Relationship to Head of Household:	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other				
* Date of Birth:		Gender:		* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* SSN or Alien ID #:		<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)			

Employment & Other Income

Employment Monthly Income:	\$	Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City:		State:	
Zip Code:			
Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income (SSI, Child Support, Pensions, Etc.):	\$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Name:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training			
City:		State:		Zip Code:

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
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

Household Member 3										Co-Applicant (one per household) <input type="checkbox"/>		
* First name:			Middle:			* Last name:						
* Relationship to Head of Household:			<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other									
* Date of Birth:			Gender:		* U.S. Citizen:		<input type="checkbox"/> Yes <input type="checkbox"/> No		* Disabled:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
* SSN or Alien ID #:			<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)									
Employment & Other Income												
Employment Monthly Income: \$						Type:						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City:			State:			Zip Code:						
Pay Cash:			<input type="checkbox"/> Yes <input type="checkbox"/> No		* Other total monthly income: (SSI, Child Support, Pensions, Etc.)						\$	
School												
* Student:			<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, School Name:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
School Type:			<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training									
City:			State:			Zip Code:						
Veteran Status												
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?										* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?										* <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to a question above, please indicate years served: _____												

Household Member 4										Co-Applicant (one per household) <input type="checkbox"/>		
* First name:			Middle:			* Last name:						
* Relationship to Head of Household:			<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other									
* Date of Birth:			Gender:		* U.S. Citizen:		<input type="checkbox"/> Yes <input type="checkbox"/> No		* Disabled:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
* SSN or Alien ID #:			<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)									
Employment & Other Income												
Employment Monthly Income: \$						Type:						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City:			State:			Zip Code:						
Pay Cash:			<input type="checkbox"/> Yes <input type="checkbox"/> No		* Other total monthly income: (SSI, Child Support, Pensions, Etc.)						\$	
School												
* Student:			<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, School Name:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
School Type:			<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training									
City:			State:			Zip Code:						
Veteran Status												
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?										* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?										* <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to a question above, please indicate years served: _____												

* Required Field

Applicant Household Conditions

* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name / Disaster Type:		Disaster Date:		Displacement Date:	
Disaster City:		State:		Zip Code:	
* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in the household vacated their housing unit because of domestic violence or lives in a unit with a person who engages in violence?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to hate crimes?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to a government action?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced due to the inaccessibility of a unit?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Has anyone in your household been displaced or at risk of being displaced to avoid reprisals or due to being in witness protection?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Is anyone in your household fleeing home due to dangerous conditions?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you currently living in substandard housing?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you or any household member living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you or a household member at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Do you currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA 02169) ?				* <input type="checkbox"/> Yes <input type="checkbox"/> No	

You must complete all required fields on the pre-application in order to be added to the waitlist. Required fields are marked with an asterisk (*). The fields on this pre-application are used to determine eligibility and your placement on the waitlist. Please note that each housing authority operates under their own local policy and use different methods and preferences to rank applicants on the waitlist. If you have questions or need additional information about completing your pre-application, please contact a participating housing authority.

Return a completed Pre-Application to ONE of the 101 Participating Housing Authorities on the Massachusetts Section 8 Centralized Waiting List. For a complete list of PHAs please see the Pre-Application information document or visit www.gosection8.com/MassCWL.

I CERTIFY THAT THE ENCLOSED 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:
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For PHA use only

Application ID: _____	Application Date: _____
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