

# 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 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. As of July 1, 2019 applicants may apply and access their application at [www.gosection8.com/MassCWL](http://www.gosection8.com/MassCWL).

By applying once to the Massachusetts Section 8 Centralized Waiting List your application will be added to all 101 participating housing agencies waitlists at once for the Section 8 Program.

**You can find a current list of participating housing agencies on [www.gosection8.com/MassCWL](http://www.gosection8.com/MassCWL)**

While on the waiting list, you must submit changes in contact information (including current residence, mailing address and phone number) household composition, preferences and total household income, within 10 days of the occurrence of a change. The changes must be submitted in writing to a participating PHA or online via the GoSection8.com application portal within 10 days of said change.

***Waiting List Updates:*** You will receive an update mailing if you have not updated your application within two years. The purpose is to update applicant contact information and to remove those who are no longer interested. If you do not respond to any correspondence mailed to you by the Massachusetts Section 8 Centralized Waiting List (via update mailings), your name will be removed from all PHA waitlists on the Massachusetts Section 8 Centralized Waiting List.

Each participating housing agency may have additional housing programs you could be eligible for. Visit [www.gosection8.com/MassCWL](http://www.gosection8.com/MassCWL) to search for other open waitlists.

***While you are waiting, remember to check back on your application:***

- View new preferences that may have been added to an application.
- Update changes to your application and household information.
- View communications from housing agencies and landlords.
- Search for open waitlists and other affordable housing opportunities.
- Sign up for custom alerts.

**Search for other open waitlists and affordable housing opportunities at [www.gosection8.com](http://www.gosection8.com)**

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**UPON REQUEST, WE WILL PROVIDE HELP IN EXPLAINING THIS DOCUMENT.  
PERSONS WITH DISABILITIES MAY ASK FOR THE APPLICATION IN LARGE PRINT,  
OR OTHER ALTERNATE FORMATS.**

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## APPLICATION FIELDS

Preferences used by PHAs to sort and rank their waitlists are determined based on information you provide on your application. For information about PHA preferences, please see their waitlist policy. Please note that each PHA operates under their own local policy and may or may not use preferences to rank applicants on the waitlist. You must complete all required fields on the pre-application in order to be added to the waitlist.

### Head-of-Household

An adult family member and is an individual in the household who is responsible for ensuring that the family fulfills all of its responsibilities under the program PHA Policy.

### Co-Applicant

A Co-Applicant 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'). A spouse or co-head must be an adult family member and is an individual in the household who is equally responsible with the head-of-household for ensuring that the family fulfills all of its responsibilities under the program PHA Policy. (Minors who are emancipated under state law may be designated as a spouse or co-head).

### Living in a permanent residence

Currently living in unit with a signed/current lease or own your home/paying mortgage).

### Living in a temporary residence

Temporarily staying with family, friends, faith-based or other social networks.

### 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 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

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.

What if I don't have a home address?

You may provide a mailing address where you can receive mail.

### Current Address

Your current address is used to determine your residency which may be used by some PHAs for local residency preferences. PHAs may also send mail to you at this address if you do not provide a different mailing address. If you do not live in a permanent residence you do not need to provide a street address. Please note that failure to respond to a PHA may result in your removal from the waitlist. Please provide a alternate method of communication if you do not have a current address or mailing address, like a phone number or email.



**Best Place to Send Mail**

Applicants with no current address or those who would like mail sent by PHAs sent to a different address, may enter that alternate address.

**Housing Costs (rent/mortgage payment and utility costs)**

This information is used to determine if your family is 'rent burdened' by the PHA standards.

**Emergency Contacts**

If you would like to provide a mailing address for your emergency contact, please provide it in the Mailing Address section and include your Emergency Contact name in the "In care of" field.

**Bedroom size**

Bedroom size for the household is determined by the standards set in the PHA policy.

**U.S. Citizen**

Overview By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. Compliance with these rules ensures that only eligible families receive subsidy. These requirements apply to families making application to the property, families on the waiting list, and tenants. Assistance in subsidized housing is restricted to the following:

- a. U.S. citizens or nationals; and
- b. Noncitizens that have eligible immigration status.

**SSN, Alien ID, Temp ID**

Your Social Security number is used to identify your application on the waitlist. It is not required to provide a SSN on your pre-application or 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. You can later update your SSN if you receive one. To help protect your identity, SSNs are encrypted and secure in the database and are not viewable to most PHA staff.

**Emancipated Minor**

Minors who are emancipated under state law may be designated as head-of-household, spouse or co-head.

**Family Total Income**

A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income earned by live-in-aides.

**Employment Income and Location**

Income means money from ANY source including Wages (tips, bonus and commission, if applicable)

**Other Income (non-employment income)**

Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, 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.



**Disabled**

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 (A PHA does not adopt a preference for persons with a specific disability). Persons with disabilities may also be eligible for deductions to your total household income when calculating your portion of rent payments.

**Student**

If a household member is in School it may affect how your total family income is calculated. PHAs may also give local residency preference to those attending school in their area.

**Veteran**

Served on active duty in the U.S. armed forces, reserves, or National Guard excluding periods for which the applicant was dishonorably discharged.

**Eligible Veteran**

May be 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 excluding periods for which he or she has been dishonorably discharged.

**Race/Ethnicity**

This is an optional field which is used for HUD statistical purposes only.

**APPLICANT HOUSEHOLD CONDITIONS****Has anyone in the household will or have been displaced due to a natural disaster?**

Displaced due to a natural disaster, such as a fire or flood, which left your housing unit uninhabitable.

**Has your household been, or will be displaced due to an action of the housing owner?**

Displaced due to an action taken by a housing owner that forced you to vacate your unit and that you were unable to prevent.

**Has anyone in the household displaced or will be displaced due to domestic violence?**

Displaced or at risk of being displaced because you or any household member is a victim of domestic violence which occurred recently or of a continuing nature. "Domestic Violence" means an actual or threatened physical violence directed against one or more members of your family by a spouse or other member of the household.

**Has your household displaced or will be displaced due to hate crimes?**

Displaced due to a household member(s) that is the victim of a hate crime(s) which occurred recently or is of a continuing nature. A "Hate crime" means an actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status.

**Has anyone in the household displaced or will be displaced due to a government action?**

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



**Has anyone in the household displaced or will be displaced due to the inaccessibility of a unit?**

Displaced due to a household member with mobility, or other impairment, that made them unable to use critical elements of the housing unit.

**Has anyone in the family displaced to avoid reprisals or due to witness protection?**

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

**Are you or any household member fleeing the home due to dangerous conditions?**

Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence.

**Are you currently living in substandard housing?**

Family that resides in a unit which: 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, in need of considerable repair or rebuilding (won't pass an inspection) .

**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?**

Includes, but not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

**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?**

Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, currently living alone but requiring supportive services for independent living.



# MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

HEAD OF HOUSEHOLD

First name\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last name\*: \_\_\_\_\_  
 Date of Birth\*: \_\_\_\_\_ Gender\*: ☐ Male ☐ Female  
 SSN or Alien ID #: \_\_\_\_\_  
☐ I do not have a SSN or Alien ID # (a temporary number will be provided by PHA)  
 Disabled\*: ☐ Yes ☐ No U.S. Citizen\*: ☐ Yes ☐ No  
 Primary Email: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Phone Type: ☐ Mobile ☐ Home ☐ Work ☐ Other  
 May we send text message to this number (rates may apply) ☐ Yes ☐ No

ADDRESS

Home Address 1: \_\_\_\_\_  
 Home Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Is this the best place to send mail? If not, please provide a mailing address:  
 In Care of:  
 Mailing Address 1: \_\_\_\_\_  
 Mailing Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

INCOME

Employment 1: Type: ☐ Full Time ☐ Part Time ☐ Seasonal  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Approximate Monthly Income: \$ \_\_\_\_\_ Pay Cash: ☐ Yes ☐ No  
 Employment 2: Type: ☐ Full Time ☐ Part Time ☐ Seasonal  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Approximate Monthly Income: \$ \_\_\_\_\_ Pay Cash: ☐ Yes ☐ No  
 Other total monthly income (Including tips, alimony, child support, pensions etc.): \$ \_\_\_\_\_

SCHOOL

Are you currently in School? ☐ Yes ☐ No  
 If yes: Type: ☐ High School(9-12) ☐ College or University ☐ Training  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

VETERAN STATUS

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?\* ☐ Yes ☐ 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 excluding periods for which he or she has been dishonorably discharged?\* ☐ Yes ☐ No  
 If yes to a question above, please indicate the period of time served (check all that apply):  
☐ Currently serving ☐ February 1955 to July 1964  
☐ September 2001 or later ☐ July 1950 to January 1955 (Korean War)  
☐ August 1990 to August 2001 (Persian Gulf ) ☐ January 1947 to July 1950  
☐ May 1975 to July 1990 ☐ December 1941 to December 1946 (World War II )  
☐ August 1964 to April 1975 (Vietnam) ☐ November 1941 or earlier

RACE/ETHNICITY

## Optional (asked solely for HUD reporting purposes):

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

Race	Ethnicity
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native or Indian American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Would not like to disclose
<input type="checkbox"/> Asian	
<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Other	
<input type="checkbox"/> Would not like to disclose	

## MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

### EMERGENCY CONTACT (optional):

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:** ☐ Parent ☐ Child ☐ Sibling ☐ Other

### What is your household's living condition? (Choose one option)

- ☐ 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

**What is your current monthly rent?\*** \$ \_\_\_\_\_

**What is your total monthly cost for utilities?\*** \$ \_\_\_\_\_

**How many people live in your household?\*** # \_\_\_\_\_

**How many bedrooms does the household require?\*** # \_\_\_\_\_

### Is anyone in the Household: (Check All that Apply):

- ☐ **Displaced due to a natural disaster?**

**Name / Disaster Type:** \_\_\_\_\_

**Disaster Date:** \_\_\_\_\_ **Displacement Date:** \_\_\_\_\_

**Disaster City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

- ☐ **Displaced due to an action of the housing owner**
- ☐ **Displaced or will be displaced due to domestic violence**
- ☐ **Displaced due to hate crimes**
- ☐ **Displaced or will be displaced due to a government action**
- ☐ **Displaced or will be displaced due to the inaccessibility of a unit**
- ☐ **Has anyone in the family displaced to avoid reprisals or due to witness protection**
- ☐ **Fleeing the home due to dangerous conditions**
- ☐ **Living in substandard housing**
- ☐ **Living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities**
- ☐ **At serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities**
- ☐ **Currently live at Father Bill's & Mainspring (at 422 Washington St, Quincy, MA)**

# MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

Please complete one page for each additional member of your household.

HOUSEHOLD MEMBER

First name\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last name\*: \_\_\_\_\_

Relationship to Head-of-Household\*:

☐ Spouse/Partner ☐ Child ☐ Foster Child ☐ Parent ☐ Sibling ☐ Live-in-aide ☐ Other

Is this household member the co-applicant (only one per household)?\* ☐ Yes ☐ No

Date of Birth\*: \_\_\_\_\_ Gender\*: ☐ Male ☐ Female

SSN or Alien ID #: \_\_\_\_\_

☐ I do not have a SSN or Alien ID # (a temporary number will be provided by PHA)

Disabled\*: ☐ Yes ☐ No

U.S. Citizen\*: ☐ Yes ☐ No

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: ☐ Mobile ☐ Home ☐ Work ☐ Other

May we send text message to this number (rates may apply) ☐ Yes ☐ No

INCOME

Employment 1: Type: ☐ Full Time ☐ Part Time ☐ Seasonal

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Approximate Monthly Income: \$ \_\_\_\_\_ Pay Cash: ☐ Yes ☐ No

Employment 2: Type: ☐ Full Time ☐ Part Time ☐ Seasonal

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Approximate Monthly Income: \$ \_\_\_\_\_ Pay Cash: ☐ Yes ☐ No

Other total monthly income (Including tips, alimony, child support, pensions etc.): \$ \_\_\_\_\_

SCHOOL

Are you currently in School? ☐ Yes ☐ No

If yes: Type: ☐ Kindergarten ☐ Elementary School ☐ Middle School

☐ High School ☐ College or University ☐ Training

School City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has this household member ever served on active duty in the U.S. armed forces, reserves, or National Guard?\* ☐ Yes ☐ No

Is this household member 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 excluding periods for which he or she has been dishonorably discharged?\* ☐ Yes ☐ No

VETERAN STATUS

If yes, please indicate the period of time served (check all that apply):

☐ Currently serving

☐ February 1955 to July 1964

☐ September 2001 or later

☐ July 1950 to January 1955 (Korean War)

☐ August 1990 to August 2001 (Persian Gulf )

☐ January 1947 to July 1950

☐ May 1975 to July 1990

☐ December 1941 to December 1946 (World War II )

☐ August 1964 to April 1975 (Vietnam)

☐ November 1941 or earlier

Optional (asked solely for HUD reporting purposes):

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

## Race

- ☐ White
- ☐ Alaska Native or Indian American
- ☐ Black or African American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other
- ☐ Would not like to disclose

## Ethnicity

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

RACE/ETHNICITY



# MASSACHUSETTS SECTION 8 CENTRALIZED WAITING LIST PRE-APPLICATION

## 100 PARTICIPATING HOUSING AUTHORITIES

Abington H.A., 71 Shaw Ave., Abington, MA 02351	Melrose H.A., 910 Main St., Melrose, MA 02176
Acton H.A., 68 Windsor Ave., PO Box 681, Acton, MA 01720	Methuen H.A., 24 Mystic St., Methuen, MA 01844
Amesbury H.A., 180 Main St., Amesbury, MA 01913	Middleboro H.A., 8 Benton St., Middleboro, MA 02346
Amherst H.A., 33 Kellogg Ave., Amherst, MA 01002	Milford H.A., 45 Birmingham Court, Milford, MA 01757
Andover H.A., 100 Morton St., Andover, MA 01810	Millis H.A., c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Arlington H.A., 4 Winslow St., Arlington, MA 02474	Milton H.A., 65 Miller Ave., Milton, MA 02186
Attleboro H.A., 80 South Avenue, Attleboro, MA 02703	Natick H.A., 4 Cottage St., Natick, MA 01760
Bellingham H.A., 10 Wrentham Manor, Bellingham, MA 02019	Needham H.A., c/o D.H.A., 163 Dedham Blvd., Dedham, MA 02026
Belmont H.A., 59 Pearson Rd., Belmont, MA 02478	Newburyport H.A., 25 Temple St., Newburyport, MA 01950
Beverly H.A., 137 Rear Bridge St., Beverly, MA 01915	Newton H.A., 82 Lincoln Street, Newton Highlands, MA 02461
Billerica H.A., 16 River Street, Billerica, MA 01821	North Andover H.A., One Moreski Meadows, No. Andover, MA 01845
Bourne H.A., 871 Shore Rd., Pocasset, MA 02559	North Attleboro H.A., 20 S. Washington St. N. Attleboro, MA 02760
Braintree H.A., 25 Roosevelt St., Braintree, MA 02184	North Reading H.A., Peabody Ct., No. Reading, MA 01864
Bridgewater H.A., 10 Heritage Road, Bridgewater, MA 02324	Norwood H.A., 40 William Shyne Cir., Norwood, MA 02062
Brockton H.A., 45 Goddard Rd., PO Box 7070, Brockton, MA 02303	Oxford H.A., 23 Wheelock St., Oxford, MA 01540
Brookline H.A., 90 Longwood Ave., Brookline, MA 02446	Peabody H.A., 75 Central St., Ste. 2, Peabody, MA
Burlington H.A., 15 Birchcrest St., Burlington, MA 01803	Pembroke H.A., Kilcommons Drive, Pembroke, MA 02359
Chelmsford H.A., 10 Wilson St., Chelmsford, MA 01824	Plymouth H.A., 130 Court St., PO Box 3537, Plymouth, MA 02361
Chelsea H.A., 54 Locke St., Chelsea, MA 02150	Quincy H.A., 80 Clay Street, Quincy, MA 02170
Chicopee H.A., 128 Meetinghouse Rd., Chicopee, MA 01013	Reading H.A., 22 Frank Tanner Dr., Reading, MA 01867
Concord H.A., 34 Everett Street, Concord, MA 01742	Revere H.A., 82-84 Cooledge St., Revere, MA 02151
Danvers H.A., 14 Stone Street, Danvers, MA 01923	Rockland H.A., 8 Studley Court, Rockland, MA 02370
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
Duxbury H.A., 59 Chestnut St., Duxbury, MA 02332	Shrewsbury H.A., 36 No. Quinsigamond Ave., Shrewsbury, MA 01545
Everett H.A., 393 Ferry St., Everett, MA 02149	Somerville H.A., 30 Memorial Road, Somerville, MA 02145
Fall River H.A., 180 Morgan St., Fall River, MA 02722	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., One Holbrook Court, Holbrook, MA 02343	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 01475
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

### 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\* \_\_\_\_\_

### COMPLETE ALL INFORMATION.

Return completed application to ONE of the participating housing authorities listed above.  
*Incomplete, photocopied, e-mailed, or faxed applications will not be accepted.*

### PHA USE ONLY:

<b>Application Submitted Date:</b>	<b>Application ID:</b>
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