

**Section 8
Housing Choice Voucher Program**



Complete and return to
one of the regional
agencies listed on the
reverse of this form

Pre-Application for housing assistance



*For agency use only:
Date/Time Stamp/
Control Number*

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applications are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to one of the regional agencies listed on the reverse of this form.

Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

Household and Demographic Information

How many people will live in the unit? Include yourself. _____ Gross annual household income \$ _____
Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Check if the head of household or spouse is:
 62 years old or older Disabled Displaced by government action

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Is the head of household (Select as many as appropriate)
 White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander

Is the head of household (Check only one)
 Hispanic Non-Hispanic

What is your current housing situation? (Check one box that best applies)
 I am homeless I am doubled up with friends or relatives
 I live in substandard housing I live in public housing
 I have been involuntarily displaced I live in a transitional housing program
 I pay more than 50% of my monthly income for rent and utilities I live in subsidized housing
 I live in a shelter Other (describe)

Certification of Applicant - Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- this is a pre-application for tenant-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- it is my responsibility to notify any one of DHCD's regional administering agencies of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
- my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household _____ **Date** _____

DHCD manages a limited number of project-based Section 8 apartments in or near most major cities and towns throughout the state. To find out more contact one of the agencies on the reverse of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org