Section 8
Project-Based Voucher Program

Pre-Application for housing assistance

Please complete and return to:

Community Teamwork, Inc.
155 Merrimack Street
Lowell, MA 01852
(978) 459-0551

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 tenant-based 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 applicants 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 the agency listed above.

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**

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.
Gross annual household income $_____

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc….

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than eight family members, please check here ☐ and list them on a separate piece of paper.

For Agency Use Only. Number of Household Members ☐
Household Bedroom Size: ☐ *Single* ☐ *1BR* ☐ *2BR* ☐ *3BR* ☐ *4BR* ☐ *5BR*

Check if the head of household or spouse is: 62 years old or older ☐ Disabled ☐
Check if anyone in the household requires a wheelchair accessible unit ☐

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.

Race of head of household (You may choose more than one of the following)
White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
Native Hawaiian/Other Pacific Islander ☐

Ethnicity of head of household (Check only one)
Hispanic ☐ Non-Hispanic ☐

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

Location of Project-Based Apartments

From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Single Room Occupancy (SRO) and **Enhanced Single Room Occupancy (ESRO**) units are only for one person. SRO units typically have shared bathrooms and may have not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons over 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for the supportive services offered at these properties.

Properties that have **wheelchair accessible** apartments are marked with the logo - contact us for more information on the available bedroom sizes of these apartments.

NOTE: Effective June 5, 2009, any projects listed below that are highlighted in yellow are temporarily closed to new applicants, until further notice.

	Community	Property/Street				Number of Units by Bedroom Size						
				Elderly Only	Supportive Services Provided	SRO	ESRO	Studio	1 BR	2 BR	3 BR	4+ BR
☐	Beverly*	Cabot Street Homes Apartments					8					
☐	Beverly*	Holcroft Park Homes I							4	1	3	
☐	Beverly*	Holcroft Park Homes II							2	3	3	
☐	Danvers	240 Conant								15		
☐	Gloucester*	Home Together 26-28 Marsh Street								4		
☐	Hamilton	Firehouse Place 69 Willow Street						3	1			
☐	Haverhill	Winter Street				13						
☐	Haverhill	Cordovan at Haverhill Station							7	1		
☐	Haverhill*	Hayes Building							1	3		
☐	Ipswich*	Powder House Village							8			
☐	Ipswich	Whipple School Annex		X					8			
☐	Lawrence*	Saunders School Apts.			X					16		
☐	Lawrence	Union Crossing								5	3	
☐	Lawrence	YWCA/Fina House							3	4		
☐	Lawrence*	Reviviendo								1	1	1
☐	Lawrence	Sacred Heart		X					4	4		
☐	Lowell*	Acre High School 760 Merrimack Street							3	3	2	
☐	Lowell	Counting House Lofts							3	3		
☐	Lowell	First Lowell Apts.							6	21	3	
☐	Lowell*	Paige Apartments							8			
☐	Lowell	48-64 Middlesex Street								6		
☐	Lowell	Sirk Building 80 Bridge Street						3	5			
☐	Lowell	St. Joseph's							1	2	1	
☐	Lowell	Unity Place, Moody St			X					4	4	
☐	Manchester	12 Summer Street						1		3		
☐	N. Andover*	Stevens Corner							1	6	1	
☐	Newburyport	YWCA/Market St. Apts.						1	2	1		
☐	Salem	Lafayette Housing							2	1	2	3
☐	Salem	Loring Towers								8		
☐	Salem*	Palmer Cove			X				3	2	1	
☐	Salem*	Salem Heights							12	60		
☐	Salem*	St. Joseph's Redevelopment							3	2	3	
☐	Salem*	Salem Point LP (Peabody, Harbor, & Ward Streets)								2	5	
☐	Westford	Stony Brook								1	3	

Note: Continue on next page

*Applicants meeting a project-specific preference will be selected first. You will be mailed information on how to qualify for a preference. This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state call the number at the top of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org

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 project-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 in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ 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**