

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = X☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$ .00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

# BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:

## SENIOR HOUSEHOLDS AFFORDABLE HOUSING WAITLIST PRE-APPLICATION

MAIL PRE-APPLICATION TO:  
Harborlight Homes  
P.O. Box 507  
Beverly, MA 01915

SEND AS PDF OR FAX:  
[applications@harborlighthomes.org](mailto:applications@harborlighthomes.org)  
978-922-2874 (fax)

If you are interested in any Harborlight Homes properties, please select all that apply below by marking an **X** under Join Waitlist. **YOU ONLY NEED TO COMPLETE ONE (1) PRE-APPLICATION.** If you meet the baseline eligibility criteria specified, your Pre-Application will be photocopied and circulated to the appropriate Property Manager(s) at each location. Pre-Applications will be added to the Waitlist(s) in the order they are received. Incomplete Pre-Applications will be returned to the sender. Please note the typical wait time for an apartment at all Harborlight Homes properties is currently 2-5 years.

AMI% (Area Median Income), Income Range, and Rent Range based on 2023 HUD Limits for the Boston-Cambridge-Quincy MSA (Metropolitan Service Area) and subject to annual revision. Minimum incomes apply as noted. Maximum incomes noted correspond to the maximum possible household size. If the Property includes (DE), there is a Disability Exception to the age 62+ requirement. **If the Rent Range includes a plus (+), utilities are not included.** Mobile housing vouchers (e.g. Section 8, MRVP, VASH) gladly accepted at all Harborlight Homes properties.

PROPERTY	HOUSEHOLD SIZE	UNIT SIZE	AGE	AMI %	INCOME RANGE	RENT RANGE	JOIN WAITLIST
<b>Granite Street Crossing</b> Rockport, MA	1-2	Studio	62+	30%	\$0 - \$35,600	30% of gross income	
	1-2	Studio	62+	60%	\$42,733 - \$71,280	\$1,246 - \$1,558	
<b>Harborlight House</b> Beverly, MA	1	Studio	62+	50%	\$0 - \$51,950	30% of gross income	
<b>H.E.A.R.T Homes</b> Peabody, MA	1	1-Bed	55+	50%	\$0 - \$51,950	Resident keeps \$80	
	Waitlist maintained by Element Care: <a href="https://elementcare.org/contact">https://elementcare.org/contact</a> or 877-803-5564						
<b>Maple Woods</b> Wenham, MA	1-2	1-Bed	62+	30%	\$0 - \$35,600	30% of gross income	
	1-2	1-Bed	62+	60%	\$45,805 - \$71,280	\$1,336 - \$1,670	
	Lottery applications due 9/1/2023: <a href="https://harborlightcp.org/maple-woods/">https://harborlightcp.org/maple-woods/</a>						
<b>Pigeon Cove Ledges</b> Rockport, MA (DE)	1-2	1-Bed	62+	50%	\$0 - \$59,400	30% of gross income (+)	
<b>Rockport High School</b> Rockport, MA (DE)	1-2	1-Bed	62+	50%	\$0 - \$59,400	30% of gross income (+)	
	1-2	1-Bed	62+	50%	\$31,680 - \$59,400	\$924 - \$968 (+)	
<b>Janet M. Leuci Residence</b> Saugus, MA	1-2	1-Bed	62+	50%	\$0 - \$59,400	30% of gross income	
<b>Turtle Creek</b> Beverly, MA (DE)	1-2	1-Bed	62+	50%	\$0 - \$59,400	30% of gross income	
	2	2-Bed	62+	50%	\$0 - \$59,400	30% of gross income	
<b>Turtle Woods</b> Beverly, MA	1-2	1-Bed	62+	50%	\$0 - \$59,400	30% of gross income	
<b>Whipple Riverview Place</b> Ipswich, MA	1-2	1-Bed	62+	30%	\$0 - \$35,600	30% of gross income	
	1-2	1-Bed	62+	50%	\$0 - \$59,400	30% of gross income	
	1-2	1-Bed	62+	80%	\$60,918 - \$94,800	\$1,776 - \$2,221	
	Waitlist maintained by CTI <a href="https://www.commteam.org/">https://www.commteam.org/</a> or 978-654-5726						





## IMPORTANT!



### PLEASE READ THESE INSTRUCTIONS BEFORE CONTINUING

This is a pre-application to join one or more affordable housing waitlist(s) managed by Harborlight Homes. Please complete all data entry and respond to all questions as directed. Failure to provide a complete pre-application can delay the review process and your placement on the waitlist(s). **Applicants must identify all income source(s) and financial asset(s) for all members of the household age 18+, however, you do not need to submit income and asset documentation (e.g. tax returns, bank statements, paystubs, etc.) at this time.** If/when you receive an opportunity to lease a unit, a formal application, submission of income and asset documentation, criminal background (CORI) check, and credit reporting will be required for eligibility verification.

Completed pre-applications will be date stamped and placed on the waitlist(s) in the order they are received. Submission of this pre-application does not guarantee you will be given an opportunity to lease a unit. If your contact information changes, it is your responsibility to inform Harborlight Homes of these changes. Property waitlists are subject to annual renewal to confirm applicant interest and preliminary eligibility. If we are unable to reach you after multiple reasonable attempts, you will be removed from the waitlist(s). If you have any questions or concerns about your pre-application submission, please contact our office at [applications@harborlighthomes.org](mailto:applications@harborlighthomes.org) or 978-922-1305. Thank you for your interest in Harborlight Homes!

### CONTACT INFORMATION

Applicant Legal Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

### HOUSEHOLD INFORMATION

	Name of Persons to Reside in Dwelling (First Name, Middle Initial, Last Name)	Relationship to Applicant	Age	Date of Birth	Social Security Number
1		Applicant			
2					
3					
4					
5					
6					
7					
8					



## UNIT REQUIREMENTS

What unit size do you need? (choose only ONE)

☐ Studio/1-Bed

☐ 2-Bed

☐ 3-Bed

☐ 4-Bed

Do you have a mobile rental assistance voucher?

☐ Yes

☐ No

(Under no circumstance will voucher holders be discriminated against in determining the approval of a rental pre-application.)

If YES, which kind of voucher?

☐ Section 8

☐ MRVP

☐ VASH

☐ Other

Are you currently homeless?

☐ Yes

☐ No

Do you require a Mobility Accessible (ADA Type 2) unit?

☐ Yes

☐ No

Do you require a unit to support Sensory-Impairment (vision, hearing) needs?

☐ Yes

☐ No

Are you participating in or eligible for Supportive Services for the Activities of Daily Living (ADL)?

☐ Yes

☐ No

(This includes programs similar to the PACE or SCO program via Element Care, or Community Choices or other equivalent HCBS program via SeniorCare, the State-funded Aging Service Access Point for this region.)

## BACKGROUND INFORMATION

Have you ever been evicted from your home for any reason? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you or any member of your household smoke? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you or any member of your household use illegal drugs? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you or any member of your household a registered sex offender in any state? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RACE AND ETHNIC DATA REPORTING FORM (OPTIONAL)

Minority reporting categories include only American Indian or Alaska Native, Black or African American, Asian, Native Hawaiian or Pacific Islander; or Other (not White); and the ethnic classification Hispanic or Latino. Please see the instructions and category definitions below. There is no penalty for persons who do not complete this section of the application.

Ethnic Categories (Select One)	Applicant	Other Household Member(s)
Hispanic or Latino		
Not Hispanic or Latino		
Racial Categories (Select All that Apply)	Applicant	Other Household Member(s)
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other (not White)		

### INSTRUCTIONS FOR THE RACE AND ETHNIC DATA REPORTING FORM

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial pre-application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. **There is no penalty for persons who do not complete the form.** However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories:
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you:
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## INCOME

List all income of all household members age 18+ listed on pre-application to reside in the unit, such as wages, child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits, and any other form of income. Adults with zero (\$0) income will be required to submit a notarized statement if/when given the opportunity to lease a unit. If additional space is needed, please attach another sheet.

Source(s) of Income		Address/Phone # of Source	GROSS Amount per Year
1			
2			
3			
4			
TOTAL			

## ASSETS

List all bank accounts (checking and savings), CDs, stocks, bonds, retirement accounts, savings bonds, real property, and/or any other investments below. If additional space is needed, please attach another sheet. Household assets do not include personal property. The affordable unit must be your principal, full-time residence. Applicants may not own another home, including owning a home in trust. All homes must be sold (closing complete) prior to leasing a unit.

Type(s) of Asset		Bank/Credit Union Name	Account #	Value or Balance
1	Checking account			
2	Savings account			
3	Retirement account			
4	Other: _____			
5	Other: _____			
6	Other: _____			
TOTAL				

## EMPLOYMENT STATUS(ES)

Please provide information for each employed household member age 18+ for any job(s) that provide regular, occasional, temporary, or seasonal income.

Name of Employed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Name of Employed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Name of Employed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Name of Employed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_



## APPLICANT CERTIFICATION

1. I/We certify that my household size is \_\_\_\_\_ persons, as documented herein.
2. I/We certify that my total household income equals \$\_\_\_\_\_, as documented herein.
3. I/We certify that the information provided in this pre-application is true and correct to the best of my knowledge and belief under full penalty of perjury. I understand that false or incomplete information may result in disqualification from further consideration.
4. I/We certify that no member of my family has a financial interest in the development(s).
5. I/We understand that submitting a pre-application does not guarantee that I will be able to lease a unit. I understand that all application data will be verified, and additional financial information may be required, verified, and reviewed prior to leasing a unit. I also understand that the project's owner will perform its own screening to determine eligibility.
6. I/We authorize Harborlight Homes to verify all financial and household information and direct any employer, landlord or financial institution to release any information to Harborlight Homes and the project owner to determine eligibility.
7. I/We understand that if my/our total income exceeds 140% of the maximum allowable income and at the time of annual eligibility determination, at the end of my current lease term I will no longer be eligible for the affordable rent (applies only to LIHTC properties).

I/We have completed the pre-application and have reviewed and understand the process that will be utilized to distribute the available units. I am qualified based on the program guidelines and agree to comply with applicable regulations.

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Applicant Signature

Date

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Co-Applicant Signature

Date

Harborlight Community Partners, Inc. dba Harborlight Homes does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance recipient, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Applicants with disabilities may request (i) modifications to the apartments or development, or (ii) accommodations to our rules, policies, practices, or services if such modifications and accommodations are necessary to afford an equal opportunity to use and enjoy the housing.

THIS IS APPLICATION MAY BE PHOTOCOPIED FOR INTERNAL DISTRIBUTION ONLY



## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

I, the above-named individual, have authorized Harborlight Homes to verify the accuracy of the information which I have provided to them, from the following sources (specify).

- |                                    |  |
|------------------------------------|--|
| ▪ Child Care Expenses              | ▪ Veteran's Benefits   |
| ▪ Courts                           | ▪ Federal, State, or Local Benefits                              |
| ▪ Family Composition               | ▪ Banks, Credit Unions   |
| ▪ Law Enforcement Agency           | ▪ IRAs, CDs, 401k, 403b  |
| ▪ Credit Bureau                    | ▪ Interest, Dividends  |
| ▪ Employment                       | ▪ Financial Institutions, Brokerages                             |
| ▪ Self-Employment                  | ▪ Mutual Funds   |
| ▪ Unemployment Compensation        | ▪ Alimony, Child Support   |
| ▪ Pensions                         | ▪ Other Income - Regular Gifts or Allowances from Another Person |
| ▪ Annuities                        | ▪ Commissions, Tips, Bonus                                       |
| ▪ Social Security                  | ▪ Landlords, Rental History                                      |
| ▪ Supplemental Security Income     | ▪ Identity & Marital Status                                      |
| ▪ State Welfare Agencies           | ▪ Handicapped Assistance Expenses                                |
| ▪ State Employment Security Agency | ▪ Medical Insurance Premiums                                     |
| ▪ Workman's Compensation           | ▪ Un-reimbursed Medical Expenses                                 |
| ▪ Health & Accident Insurance      | ▪ School & College Tuition Fees                                  |

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Harborlight Homes, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Harborlight Homes within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation.

Signed under the pains and penalties of perjury:

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Applicant Signature

Date