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.

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

<table>
<thead>
<tr>
<th>Name of Persons to Reside in Dwelling (First Name, Middle Initial, Last Name)</th>
<th>Relationship to Applicant</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Applicant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<td>7</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UNIT REQUIREMENTS

What unit size do you need? □ 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.

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.

<table>
<thead>
<tr>
<th>Source(s) of Income</th>
<th>Address/Phone # of Source</th>
<th>GROSS Amount per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type(s) of Asset</th>
<th>Bank/Credit Union Name</th>
<th>Account #</th>
<th>Value or Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Checking account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Retirement account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.

_________________________________________          Date
Applicant Signature                                      Date

_________________________________________          Date
Co-Applicant Signature

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

Applicant Signature          Date