BUILDING STABILITY AND OPPORTUNITY
HARBORLIGHT HOMES

FAMILY & INDIVIDUAL HOUSEHOLDS
AFFORDABLE HOUSING
WAITLIST PRE-APPLICATION

MAIL:	IN-PERSON:	EMAIL AS PDF:	FAX:
Harborlight Homes	600 Cummings Center	applications@harborlighthomes.org	978-922-2874
P.O. Box 507	Suite 270X		
Beverly, MA 01915	Beverly, MA 01915	Sender Name: _____	Sender 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 Maximum/Minimum, and Rent Range based on the 2026 HUD Limits for the Boston-Cambridge-Quincy MSA (Metropolitan Service Area) and subject to annual revision. Please note the **MAXIMUM GROSS ANNUAL INCOME** for your household size below:

AMI %	1-Person	2 Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
30%	$36,000	$41,150	$46,300	$51,400	$55,550	$59,650	$63,750	$67,850
50%	$60,000	$68,600	$77,150	$85,700	$92,600	$99,450	$106,300	$113,150
60%	$72,000	$82,320	$92,580	$102,840	$111,120	$119,340	$127,560	$135,780
80%	$96,000	$109,700	$123,400	$137,100	$148,100	$159,050	$170,050	$181,000

MINIMUM INCOME applies as noted below for specific properties. **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 locations.

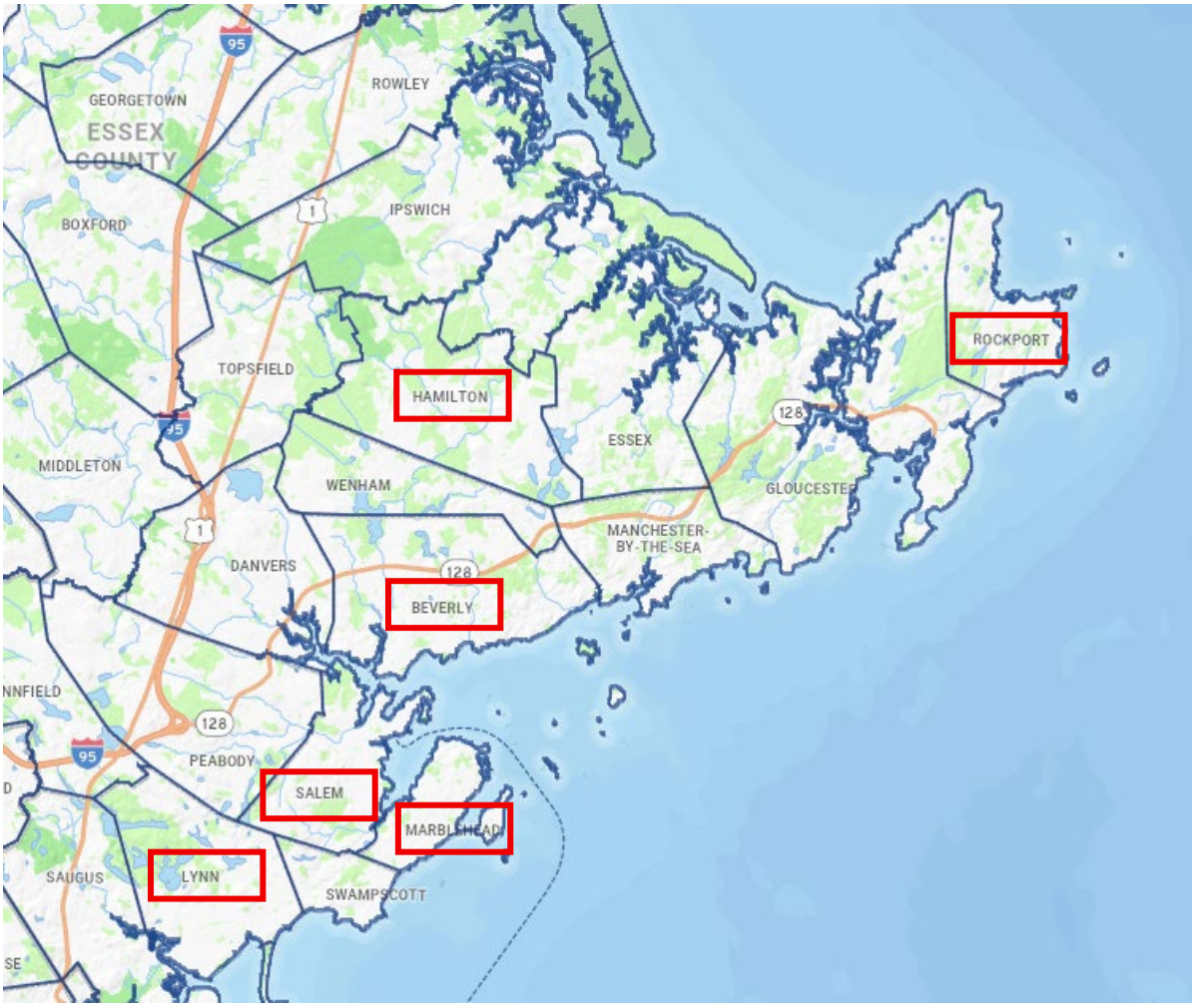
MAXIMUM ASSET LIMITS for non retirement or educational (529/530) accounts apply to 30% and 50% AMI subsidized units based on subsidy program requirements (currently $105,574 for Section 8 units and $25,000 for MRVP units).

FAMILY PROPERTIES	HOUSEHOLD SIZE	UNIT SIZE	AMI %	MINIMUM INCOME	RENT RANGE	JOIN WAITLIST
Anchor Point (1 and 2) Beverly, MA	2-4	2-bedroom	30%	$0	30% of gross income	
	2-4	2-bedroom	60%	$59,007	$1,966 - $2,314	
	3-6	3-bedroom	30%	$0	30% of gross income	
	3-6	3-bedroom	60%	$68,187	$2,272 - $2,674	
Asbury Common (Hamilton, MA)	1-2	1-bedroom	30%	$0	30% of gross income	
	1-2	1-bedroom	60%	$49,189	$1,639 - $1,929	
	2-4	2-bedroom	30%	$0	30% of gross income	
	2-4	2-bedroom	60%	$59,007	$1,966 - $2,314	
	3-6	3-bedroom	30%	$0	30% of gross income	
	3-6	3-bedroom	60%	$68,187	$2,272 - $2,674	
Family Housing (Multiple Properties) Beverly, MA	1-2	1-bedroom	60%	$49,189	$1,639 - $1,929 (+)	
	1-2	1-bedroom	80%	$65,560	$2,185 - $2,571 (+)	
	2-4	2-bedroom	60%	$59,007	$1,966 - $2,314 (+)	
	2-4	2-bedroom	80%	$78,667	$2,622 - $3,085 (+)	
	2-4	2-bedroom	--	$81,600	$2,720 - $3,200 (+)	
	3-6	3-bedroom	50%	$56,814	$1,893 - $2,228 (+)	
	3-6	3-bedroom	80%	$90,907	$3,030 - $3,565 (+)	
	4-8	4-bedroom	--	$102,000	$3,400 - $4,000 (+)	

EQUAL HOUSING OPPORTUNITY

INDIVIDUAL PROPERTIES	HOUSEHOLD SIZE	UNIT SIZE	AMI %	MINIMUM INCOME	RENT RANGE	JOIN WAITLIST
Granite Street Crossing Rockport, MA	2-4	2-bedroom	30%	$0	30% of gross income	
	2-4	2-bedroom	60%	$55,536	$1,851 - $2,314	
	3-6	3-bedroom	30%	$0	30% of gross income	
	3-6	3-bedroom	60%	$64,176	$2,139 - $2,674	
Hardy Street Beverly, MA	2-4	2-bedroom	30%	$0	30% of gross income	
	2-4	2-bedroom	50%	$0	30% of gross income	
Sewall Building Marblehead, MA	2-4	2-bedroom	50%	$49,164	$1,638 - $1,928 (+)	
	3-6	3-bedroom	50%	$56,814	$1,893 - $2,228 (+)	
Boston Street Crossing Salem, MA	1	Studio	30%	$0	30% of gross income	
	Applicants who are currently homeless have preference status for Boston Street Crossing					
Catalyst Housing Lynn, MA	1	Studio	30%	$0	30% of gross income	
	Applicants who are age 18-24, currently homeless, need supportive services, and are referred by the Lynn COC (MA-502) have preference status at Catalyst Housing					
Firehouse Place Hamilton, MA	1	Studio	30%	$0	30% of gross income	
	1	Studio	50%	$0	30% of gross income	
	1-2	1-bedroom*	30%	$0	30% of gross income	
	*1-bedroom restricted for age (62+) and accessibility need; filled by closed referral from EOHLC					

Communities in red boxes show geographic locations of Harborlight Homes **Family** and **Individual** properties:



BUILDING STABILITY AND OPPORTUNITY
HARBORLIGHT HOMES

AFFORDABLE HOUSING WAITLIST PRE-APPLICATION

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

	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 & PREFERENCE INFORMATION

What unit size do you need? ☐ Studio ☐ 1-Bed ☐ 2-Bed ☐ 3-Bed ☐ 4-Bed
(Unit size eligibility must meet household size restrictions and/or occupancy guidelines as they may apply to subsidized units.)

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

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.)

CURRENT PARTICIPANTS: please specify the Supportive Services program: _____

Are you a full-time student? ☐ Yes ☐ No
(Full-time students are generally not eligible for LIHTC properties, limited exceptions apply; see below)

If **YES**, do any of the following exceptions apply?

MARK ☒ IF YES	FULL-TIME STUDENT STATUS LIHTC EXEMPTION
☐	Enrolled in a job training program receiving assistance under the Workforce Investment Act (formerly JTPA) or other similar program funded by a state or local government agency.
☐	Receiving benefits under Title IV of the Social Security Act.
☐	A single parent and their children, and the single parent is not a dependent of another individual, nor are their children dependents of another individual except another parent of such children.
☐	Married and eligible to file a joint return.
☐	Current or previous participant in the foster care program.

Would you benefit from Supportive Services offered at **Catalyst Housing (ONLY)** by The Haven Project? ☐ Yes ☐ No

MARK ☒ IF YES	SECTOR	EXAMPLE(S) OF SUPPORTIVE SERVICES
☐	Basic Needs	Assistance with food, clothing, hygiene products, cellphone, and household goods
☐	Employment	Job readiness coaching, resume assistance, interview preparation, employment search assistance
☐	Housing	Household budgeting, financial planning, creation of long-term housing goals and plan
☐	Education	Application assistance, GED and ESL programs, financial aid counseling
☐	Health	Health insurance support, workshops on drug/alcohol use, nutrition, reproduction, and mental health
☐	Community	Social skills coaching, advocacy training, community engagement opportunities, conflict resolution classes

Are you applying for a unit through the MassAbility/EOHHS Community-Based Housing (CBH) program? ☐ Yes ☐ No
(IF YES, FORMAL CBH CERTIFICATION WILL BE REQUIRED TO VERIFY PROGRAM ELIGIBILITY)

Are you Homeless as defined under 24 CFR 91.5? ☐ Yes ☐ No

IF **YES**, APPLICANTS MUST SELECT THE APPLICABLE CATEGORY 1-4 (MARK ☒ TO SELECT) AND PROVIDE DOCUMENTATION REQUIRED IN ORDER TO RECEIVE HOMELESS PREFERENCE.

MARK ☒ IF YES	HOMELESS CATEGORY	DESCRIPTION/CRITERIA	DOCUMENTATION REQUIRED
☐	**Category 1: Literally Homeless**	Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.	• Written observation by the outreach worker; or • Written referral by another housing or service provider; or *For individuals exiting an institution:* One of the forms of evidence above and • Discharge paperwork or written/oral referral, or • Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.
☐	**Category 2: Imminent Risk of Homelessness**	Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.	• A court order resulting from an eviction action notifying the individual or family that they must leave; or • For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or • A documented and verified oral statement; and • Certification that no subsequent residence has been identified.
☐	**Category 3: Homeless under other Federal statutes**	Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.	• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and • Certification of no PH (Permanent Housing) in last 60 days; and • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and • Documentation of special needs or 2 or more barriers.

MARK ☒ IF YES	HOMELESS CATEGORY	DESCRIPTION/CRITERIA	DOCUMENTATION REQUIRED
☐	**Category 4: Fleeing/ Attempting to Flee Domestic Violence (DV)**	Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.	*For victim service providers:* • An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a certification by the intake worker. *For non-victim service providers:* • Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and • Certification by the individual or head of household that no subsequent residence has been identified.

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: _____

_____

Per M.G.L. c.276 §100A: An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

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 essential personal property. Asset limits for non retirement or educational (529/530) accounts apply for 30% and 50% AMI subsidized units based on subsidy program requirements (currently $105,574 for Section 8 units and $25,000 for MRVP units). If/when given an opportunity to lease, the affordable unit must be your principal, full-time residence.

	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 my total household assets equal $_____, as documented herein.
4. 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.
5. I/We certify that no member of my family has a financial interest in the development(s).
6. 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, including criminal background and credit checks, to determine eligibility.
7. I/We understand that Harborlight Homes operates smoke-free communities, which means that smoking of any kind is prohibited in the individual apartments, interior and exterior common areas, and all locations on the properties.
8. 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.
9. I/We understand that income and asset limits may be reviewed annually and subject to change in accordance with state and/or federal law. I further understand that some units at various Harborlight properties are subject to additional income and asset restrictions in accordance with subsidy program requirements and/or regulatory agreements.
10. 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).
11. I/we understand that it is my responsibility to keep Harborlight Homes informed of any changes in my income, assets, household composition, and/or contact information.

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.

Applicant Signature Date

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

BUILDING STABILITY AND OPPORTUNITY
HARBORLIGHT HOMES

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