



MAIL COMPLETED APPLICATIONS TO:  
Harborlight Community Partners  
P.O. Box 507  
Beverly, MA 01915

Applicant Legal Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

I learned of this housing opportunity from (check all that apply):

Website: \_\_\_\_\_ Letter: \_\_\_\_\_  
Advertisement: \_\_\_\_\_ Other: \_\_\_\_\_

This application is not complete if not filled out completely, signed, and submitted with ONE COPY EACH of the following documentation as described below. All applicants must document all income sources and provide the most recent statement(s) for any bank accounts held by members of the household. Additional documents may be required depending on an applicant's specific circumstances. Failure to provide a complete application can delay the review process and your eligibility for leasing.

**REQUIRED INCOME VERIFICATION DOCUMENTS:**

- \_\_\_\_\_ ALL APPLICANTS: Last year's Federal tax return (NO STATE RETURNS), including 1099s and W2s, for every person living in the household over the age of 18.
- \_\_\_\_\_ ALL APPLICANTS: Most recent statement(s) showing current value including all bank accounts, investment accounts, retirement accounts, CDs, real property, cash value of whole life policies, etc. If you do not have any accounts or assets of this kind, please write N/A.
- \_\_\_\_\_ IF WORKING: Five (5) most current, consecutive pay stubs, for all salaried employed household members over the age of 18. Six (6) months of income documentation for hourly and seasonal workers. For unemployment, disability, worker's compensation, and/or severance pay, copies of checks or DOR verification stating benefits received.
- \_\_\_\_\_ IF SELF-EMPLOYED: Provide a detailed expense and income statement for the five (5) months prior to submission of your application, and the three (3) most recently monthly statement(s) for all business checking and savings accounts.
- \_\_\_\_\_ IF RECEIVED: Recent statements received from Social Security, annuities, insurance policies, retirement funds, pensions, DTA benefits, disability, or death benefits, etc.
- \_\_\_\_\_ IF YOU HAVE NO INCOME SOURCES: You must submit a notarized statement of zero (\$0) income.

**ADDITIONAL REQUIRED DOCUMENTS THAT MAY APPLY BASED ON YOUR SPECIFIC CIRCUMSTANCES:**

- \_\_\_\_\_ IF RECEIVING CHILD SUPPORT and/or ALIMONY: Legal documentation indicating the payment amount. If no court document(s) exist, provide a written statement indicating the monthly amount(s) received.
- \_\_\_\_\_ IF APPLICABLE: Interest, dividends, and other income from real or personal property.
- \_\_\_\_\_ IF PREGNANT: Proof of pregnancy; unborn children may be counted as household members.
- \_\_\_\_\_ IF APPLICABLE: School registration documenting full-time student status for any household member(s) over age 18.
- \_\_\_\_\_ IF IN THE PROCESS OF DIVORCE or SEPARATION: Legal documentation the process has begun or been finalized.



**HOUSEHOLD INFORMATION**

	Name of Persons to Reside in Dwelling (First Name, Middle Initial, Last Name)	Relation to Applicant	Age	Date of Birth
1				
2				
3				
4				
5				
6				

What unit size do you need? (choose only ONE)  2-Bed  3-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 application.)

If YES, which kind of voucher?  Section 8  MRVP

Are you currently homeless?  Yes  No

Do you live, work, or have children attending public school in Beverly, Salem, or Peabody?  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

**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 (non-White); and the ethnic classification Hispanic or Latino. Please see the Instructions and category definitions on the next page of this application. There is no penalty for persons who do not complete this section of the application.

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

## 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 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.**

A. 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.

B. 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" or "Negro" 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 members over the age of 18 listed on 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 are required to submit a notarized statement. 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			
<b>TOTAL</b>			

**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: _____			
<b>TOTAL</b>				

**EMPLOYMENT STATUS(ES)**

Please provide information for each employed household member over age 18 for any job(s) that provide regular, occasional, temporary, or seasonal income. All employment income must be documented as described on Page 1 of this application.

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 in this application and in support of this 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 project.
5. I/We understand that submitting an 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 Community Partners, Inc. to verify all financial and household information and direct any employer, landlord or financial institution to release any information to Harborlight Community Partners, Inc. 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.

I/We have completed an 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

Anchor Point 1 and/or Harborlight Community Partners, Inc. do 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 IS ONLY FOR THIS SPECIFIC DEVELOPMENT