

Request to Add a Person(s) to Existing Household (18 years or older)

An application with all supporting documents will also need to be submitted with this form for any new members you are adding to the household.

PLEASE NOTE: FINAL APPROVAL FOR A PERSON TO BE ADDED MUST BE OBTAINED BEFORE THE PERSON IS AUTHORITIZED TO RESIDE IN YOUR HOME. OTHERWISE YOU ARE IN VIOLATION OF YOUR LEASE AGREEMENT.

TENANT'S NAME AND ADDRESS:	
Tenant's current phone #:	
As a Tenant of a Luminest Commuthat the following person(s) be add	nity Development, I am hereby requesting ded to my lease:
Name	Relationship to Tenant
Tenant's Current Phone #: ()_	
Person to be Added Current Addre	ess and Phone#:

WHAT'S NEXT???? Once your request to add a person(s) to your household is received, and if it is complete, management will determine if the addition can be approved according to the policy. If so, we will begin processing your request by verifying income and running background criminal checks for any adults. If there is a criminal record, we will evaluate the seriousness of the crime. Registered sex offenders will be permanently denied.



Please state in your own words why you wish to add the ab		rson(s):
Do you wish to add this person due to a medical reason? Do you consider yourself disabled? Yes Name of Medical Professional who can verify this need:		No
Do you wish to permanently add this person? If temporary, for how long? Do you wish to add this person as a Live-in Aide? Yes If Yes, you will need to fill out "Request for Live-in Aide."	No	
BACKGROUND INFORMATION: Has any adult you are requesting to add ever been arrested for sexually related criminal activity? Yes No If Yed charge, city and state:		
Have they been arrested for any other reason?Yes No If Yes, give reason:		
Is this person currently on Parole or Probation: Yes If Yes, please give name and phone number of supervising	No	:
OUT-OF-STATE RESIDENCY HISTORY: Please list all past a sidences that the person you wish to add has lived at as an adul		ses of any out-of-sta



APPLICANT/TENANT CERTIFICATION & NOTICE

I, We certify that the information* given to Luminest Community Development management staff on household composition, income, net family assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to Luminest Community Development IN WRITING immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of Pennsylvania that the information contained in this statement of facts is true, correct, and complete.

Property Managers signature: If NOT APPROVED, reason for decision:		
APPROVED NOT APPR	ROVED	
RentGrow: date completed:	PA or other: date completed:	
FOR OFFICE USE ONLY/MANAGERIAL ABACKGROUND CHECK COMPLE		
Other Adult Requested to be added	Date	
Other Adult Requested to be added	Date	
Signature of Head of Household	Date	