LUXOR
GARDENS
LUXOR GARDENS
1201 Heeney Ave, Johnstown, Pa 15904
Phone: 814-288-3505
Email: office@luxorgardens.com
Website: www.luxorgardens.com

Thank you for your interest in our community!

To be placed on the **HUD waitlist**, please return your completed application **along with the following documents**:

1. **Birth certificates** for all household members.
2. **Social Security cards** for all household members.
3. **Valid photo ID or driver's license** for all applicants **18 years of age or older**.

Please be sure to complete the application in **blue or black ink only**, and answer all questions in full.

Once you have gathered the required documents, bring them to the **Luxor Gardens Apartments Office** so we can process your application and add you to our waitlist.

If you have any questions, please contact the rental office at **(814) 288-3505** or stop by during business hours.

Sincerely,
Luxor Gardens Management

EQUAL HOUSING OPPORTUNITY

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OFFICE USE ONLY

DATE STAMP - OFFICE USE ONLY

LUXOR GARDENS APARTMENTS

1201 Heeney Avenue; Johnstown, PA 15904
Phone: 814-288-3505 TTY: 711 Fax: 814-260-4288
E-mail: office@luxorgardens.com

RENTAL APPLICATION

Directions: Please complete each section of this application, then return it to the leasing office. Print clearly. All sections are REQUIRED. Check that all signatures and dates requested are completed. Submitting an incomplete form may delay the addition of your household to the waiting list and risks denial of your application.

Head of Household: _____

Current Address: _____

_____

Home Phone #: _____ **Cell Phone #:** _____ **Work #:** _____

E-mail Address: _____

Drivers License or State ID #: _____ **State Issued by:** _____ **Exp:** _____

List name, address, and phone number of two relatives or friends who will know how to contact you.

1. Name: _____
   Address: _____
   Phone #: _____

2. Name: _____
   Address: _____
   Phone #: _____

HOUSEHOLD MEMBER INFORMATION

	FIRST	MIDDLE INITIAL	LAST	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER	STUDENT FULL OR PART TIME
1								FT ☐ PT ☐
2								FT ☐ PT ☐
3								FT ☐ PT ☐
4								FT ☐ PT ☐
5								FT ☐ PT ☐
6								FT ☐ PT ☐

Do you plan to have anyone move in with you in the future who is not listed above? Yes _____ No _____

If yes, please explain:

_____

CRIMINAL HISTORY INFORMATION

1. Is there any member of the household subject to a sex offender registration program in this or any state?

   No _____ Yes _____ If Yes, which household member: _____

   Temporary or Lifetime Registration: _____ State _____

2. Do you or anyone in your household currently engage in use of illegal or controlled substances?

   No _____ Yes _____ If Yes, which household member: _____

PET INFORMATION

Do you have any pets? No _____ Yes _____

If yes, please provide details: Number of Pets _____ Type _____ Size _____

Luxor Gardens Apartments permits one dog or up to two cats per apartment. Fish, birds, reptiles, and most small caged mammals are acceptable. If you have questions regarding our Pet Policy, please contact our leasing office.

HOUSING STATUS

Current and prior U.S. states of residence: _____

Is your current residence a subsidized housing unit? Yes _____ No _____

Provide the names and contact information of all current & prior landlords within the past five (5) years:

Current Landlord: _____ Rental Amount $_____

Landlord's Address: _____

Phone #: _____ Move-In Date: _____

Previous Landlord: _____ Rental Amount $_____

Landlord's Address: _____

Phone #: _____

Your Former Address: _____

Move-In Date: _____ Move-out Date: _____

Previous Landlord: _____ Rental Amount $_____

Landlord's Address: _____

Phone #: _____

Your Former Address: _____

Move-In Date: _____ Move-Out Date: _____

If more space is needed, please use the back of this page.

INCOME INFORMATION

For each type of income you and/or your household receives, give the source and the amount that can be expected from that source during the next 12 months. Income Sources include wages, Social Security, child support, welfare assistance, etc.

Income Source _____ Gross Monthly Income _____

Address _____ Phone _____

Which Family Member receives this: _____

Income Source _____ Gross Monthly Income _____

Address _____ Phone _____

Which Family Member receives this: _____

Income Source _____ Gross Monthly Income _____

Address _____ Phone _____

Which Family Member receives this: _____

If more space is needed, please use the back of this page.

Please answer the following questions.
For each YES answer, provide the details in the space provided.

	YES	NO
1. Are you or any member of your household employed, full-time, part-time or seasonally?	___	___
2. Do you or any member of your household expect to work for any period during the next twelve months?	___	___
3. Do you or any member of your household work for someone who pays him or her in cash?	___	___
4. Do you or any member of your household now receive or expect to receive Unemployment Compensation Benefits?	___	___
5. Do you or any member of your household receive or expect to receive Child or Spousal Support?	___	___
6. Are you or any member of your household entitled to child support that he or she is not receiving?	___	___
7. Do you or any member of your household receive or expect to receive Welfare Assistance?	___	___
8. Do you or any member of your household receive or expect to receive Social Security Benefits?	___	___
9. Do you or any member of your household receive or expect to receive income from a pension or annuity?	___	___
10. Do you or any member of your household receive regular cash contributions from individuals not living in the unit or other agencies?	___	___
11. Do you or any member of your household receive income from assets? (Interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stocks, or bonds, income from rental of property)	___	___

EXPENSES

Do you pay for child care which enables the head of household or co-head to work or attend school?

Yes _____ No _____ If yes, give names and mailing address of care provider and name of family member enabled to work or attend school:

_____

_____

_____

ASSET INFORMATION

List all checking and savings accounts including IRA'S, Keogh Accounts, and Certificates of Deposit of all household members, including amount disposed of during the past two years, if applicable.

Family Member	Bank Name	Type of Account	Annual Interest Earned

List value of all Stocks, Bonds, Trusts, Pensions, Contributions, or other Assets: $ _____

Do you own a home or other real property? Yes _____ No _____

Have you sold or given away real property or other assets, for less than fair market value in the past two years? Yes _____ No _____

DISABILITY / SPECIAL HOUSING INFORMATION

Are there any members of your household with a disability that they wish to claim for Section 8 eligibility purposes? Please specify family member and disability.

_____

_____

Are there any special accommodations or housing needs that the household will require? (Example: specific floor, unit for mobility impaired, unit for visually impaired, unit for hearing impaired, etc.)

_____

_____

ELDERLY and DISABLED FAMILIES ONLY:

If YES, list amount currently paying or expected to pay in the next 12 months:

1. **Do you pay for Medicare?** YES / NO $ _____
2. **Do you pay for other medical insurance?** YES / NO $ _____
3. **Are you paying outstanding medical bills?** YES / NO $ _____
4. **Do you expect to incur medical expenses?** YES / NO $ _____
5. **Do you expect to incur expenses for dental care?** YES / NO $ _____
6. **Do you expect to incur expenses for eyeglasses?** YES / NO $ _____

DISPLACEMENT

Are you currently displaced due to government action or a presidentially declared disaster? YES / NO

MARKETING SURVEY

HOW DID YOU HEAR ABOUT US?

- ☐ **Luxor Gardens main website**
- ☐ **Craigslist**
- ☐ **Rental Listing Websites**
- ☐ **Johnstown Housing Authority**
- ☐ **Assistance Agencies**
- ☐ **Radio or Television Ad**
- ☐ **Community Events**
- ☐ **Flyers or Printed Ads**
- ☐ **Newspaper or Magazines**
- ☐ **Current or former Resident Referral. Who referred us?** _____
- ☐ **Other (Please specify):** _____

SIZE OF UNIT

I/We understand that Luxor Gardens Apartments offers 1, 2 and 3-bedroom units. I/We understand and that the Tenant Selection Plan offers guidelines on what size unit my household may qualify to occupy. If I/we qualify for more than one size, I/we may request to be placed on more than one list. I am/We are requesting to be placed on the waiting list for a:

_____ 1 Bedroom _____ 2 Bedroom _____3 Bedroom

I/We accept that if my family size (as listed on page 1 of this application) does not meet the guidelines set forth in the Tenant Selection Plan for acceptable occupancy standards for the unit size I/we have requested, I/we understand the household will be placed on the appropriate waiting list.

APPLICATION CERTIFICATION

I/We certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/We understand that the information is being collected to determine my/our eligibility for Section 8 Assistance. I/We authorize the agent to verify all information provided on this application and to contact previous landlords or other sources for credit, criminal and verification information which may be released to appropriate Federal, State, or Local Agencies. I/We certify that the statements made in the application are true and completed to the best of my/our knowledge and belief. I/We understand that providing false statements or information will result in denial of this application or termination of any subsequent lease agreement, and may be punishable under Federal Law.

_____ _____

Head of Household Signature **Date**

_____ _____

Spouse or Co-Head Signature **Date**

_____ _____

Other Adult Household Member(s) Signature(s) **Date**

Luxor Gardens Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

LUXOR GARDENS APARTMENTS

1201 Heeney Ave.
Johnstown, Pa 15904

Phone: (814) 288-3505
Fax: (814)260-4288

CREDIT/CRIMINAL/PUBIC RECORD VERIFICATION & CONSENT TO RELEASE INFORMATION

TO: National Tenant Network / Winchester, VA 22604 &
U.S. Department of Justice NSOPW Website (Background Reports Providers)
FROM: Luxor Gardens Apartments / Johnstown, PA 15904 (Housing Provider)

APPLICANT NAME (FIRST, MIDDLE, LAST): _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY NUMBER: _____

TO THE BACKGROUND REPORTS PROVIDERS: This person has applied for housing assistance under a program of the U.S. Department Of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. The applicant/tenant has consented to this release of information, as shown below.

TO THE APPLICANT/TENANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYIMG INFORMATION IS LEFT BLANK.

VERIFICATION RELEASE FOR CREDIT/CRIMINAL/PUBLIC RECORD/SEX OFFENDER REGISTRY CHECK:
I hereby authorize the above listed housing provider to obtain the required credit and criminal history reports needed to determine my eligibility for housing and level of benefits. I understand this information will be kept confidential and that failing to pass any of these reports may disqualify me/my household from tenancy.

_____ _____
APPLICANT/TENANT SIGNATURE DATE

*NOTE: A consent form must be completed for each adult listed on the application. Contact the leasing office if more forms are needed.

PENALTIES FOR MISUSING THIS CONSENT: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act s 208 (a) (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8)."

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.