

# AFFORDABLE RENTAL PROGRAMS WAITING LIST APPLICATION

for Below Market Rate (BMR) Units and Affordable Rental Units (ARUs)

## SUBMIT THIS FORM AND REQUIRED ATTACHMENTS DIRECTLY TO THE **BMR** or **ARU** APARTMENT COMPLEX THAT YOU ARE INTERESTED IN.

The information you provide on this form will be utilized to determine your place on the Waiting List to rent a Below Market Rate (BMR) unit or an ARU. Complete the form, attach the required documentation listed in the application, and submit it directly to the apartment complex you are interested in. Housing staff does not maintain any waiting list for any apartment complex in the City. Each property manager maintains a separate waiting list for the BMR units or ARUs in their developments and will determine the applicant's eligibility to rent a unit.

| Property Name and Address:             |                                  |   |
|--|----------------------------------|---|
| Unit Size Desired: Number of Bedroo    | ms                               |   |
| Waiting List Application Date:         |                                  |   |
|  |                                  |   |
| I. APPLICANT(S) CONTACT INFO           | RMATION                          | _ |
| Applicant Name:                        |                                  |   |
| Co-Applicant Name:                     |                                  |   |
| Current Address:                       |                                  |   |
| Total Number of Household Members:     | Total Household Annual Income \$ | _ |
| Total Number in Household with Employm | ent or other Income:             |   |
| Home Phone Number:                     | Work Phone Number:               |   |
| Cell Phone Number:                     | Email Address:                   |   |
| Name of Employer(s):                   |                                  |   |

#### II. PRIORITY PREFERENCE POINTS

Do not check below if no third-party documentation of your local employment or residency is available.

☐ I wish to apply for priority preference. I live or work in Sunnyvale.

#### PRIORITY PREFERENCE DOCUMENTATION (Must include ONE of the documents listed below with application)

| Preference Category | Accepted Supporting Documentation  |  |  |
|---------------------|--|--|--|
| Reside in Sunnyvale | <ul> <li>Copy of current lease agreement, residential telephone, PG&amp;E or water bill with Sunnyvale Address and in applicant(s)'s name</li> <li>Complete signed copy of Tax Returns including W-2's and 1099's</li> </ul> |  |  |
| Work in Sunnyvale   | <ul> <li>Copies of paycheck(s), Employment Verification Letter from HR Dept.</li> <li>Complete signed copy of Tax Returns including W-2's and 1099's</li> </ul>  |  |  |

### III. CERTIFICATIONS OF APPLICANT(S)

|                       | ( )   |                        |  |      |  |  |
|-----------------------|---|------------------------|--|------|--|--|
|                       | of the following statements that of the statements.   | ne applicant(s) acknow | ledge(s) that they have reviewed and certi | fy   |  |  |
| I/We understand that  | ıt:   |                        |  |      |  |  |
| A                     | Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority for the City of Sunnyvale Below Market Rate Rental Program; otherwise this information is confidential. |                        |  |      |  |  |
| B                     | Verifiable documentation supporting the statements made herein is required prior to renting a BMR Unit.   |                        |  |      |  |  |
| C.                    | If there are any false statements, or misrepresentations made on this application, I/We will relinquish all rights to participate in the BMR Rental Program.  |                        |  |      |  |  |
| I/We certify the foll | owing:  |                        |  |      |  |  |
| D                     | That the information provided in this application is true and correct, and complete to the best of my knowledge. I have not knowingly omitted any pertinent information.  |                        |  |      |  |  |
| E.                    | That the combined household income is below the maximum household income limit for my household size.   |                        |  |      |  |  |
| F.                    | That I/We will occupy t   | he BMR Rental unit as  | my/our primary residence.                  |      |  |  |
| Executed the          | , day of  | , 20                   | _ in the City of Sunnyvale, California.    |      |  |  |
| Appli                 | cant Signature  | Date                   | Co-Applicant Signature                     | Date |  |  |
| Prii                  | nt Full Name  |                        | Print Full Name                            |      |  |  |

City of Sunnyvale - Housing Division ● 456 W. Olive Ave. ● Sunnyvale, CA 94088-3707

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