



Applicant

Co-Applicant

Phone

Phone

Email

City of Sunnyvale Housing Division

Homebuyer Program Eligibility Application and Instructions

To apply for the City of Sunnyvale's homebuyer programs, applicants must complete this Eligibility Application, provide all applicable documentation (**NO ORIGINALS**), and submit a non-refundable \$50 check or money order made payable to: City of Sunnyvale. Refer to the Below Market Rate Program Guidelines for more information.

To submit a completed application with all pages, contact staff to schedule an appointment at:

City of Sunnyvale - Housing Division
456 W. Olive Avenue
Sunnyvale, CA 94087

PHONE: 408-730-7250

ELIGIBILITY APPLICATION:

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 YEARS ARE CONSIDERED **CO-APPLICANTS** AND MUST BE LISTED AS CO-APPLICANTS ON THE APPLICATION AND MEET ALL ELIGIBILITY REQUIREMENTS OF THE BMR PROGRAM. ATTACH ADDITIONAL PAGES AS NEEDED.

Completed Eligibility Application (do not remove pages) must include:

- ✓ All applicable documentation listed on page 2 of this Eligibility Application
- ✓ \$50 non-refundable check or money order made payable to: "*City of Sunnyvale*"

AUTHORIZATION TO RELEASE INFORMATION

All household member(s) over the age of 18 must sign the Authorization to Release Information form.

REQUEST FOR TRANSCRIPT OF TAX RETURN – FORM 4506-T

All household member(s) over the age of 18 must completed the Request for Transcript of Tax Return.

All information provided to establish eligibility for the BMR Home Ownership Program can and will be used for monitoring, auditing, and establishing compliance with the BMR Program Requirements; otherwise, this information is confidential.

To obtain BMR Home Ownership Program Guidelines go to <http://BMR.inSunnyvale.com>.

I. DOCUMENTATION CHECKLIST REQUIRED OF EACH ADULT HOUSEHOLD MEMBERS.

INCOME	
✓ Last THREE (3) consecutive months' pay stubs with year-to-date gross income (may be required to submit additional copies depending on pay structure). <i>NOTE: If self-employed must provide year-to-date Profit and Lost Statement prepared and signed by a CPA on their letterhead.</i>	<input type="checkbox"/>
✓ Signed Verification of Employment Form – Completed and signed by all applicants. If one or more applicants do not work, then provide signed Affidavit of Zero Income Forms and a completed Verification of Employment Form from last employer is required.	<input type="checkbox"/>
✓ Last THREE (3) complete Tax Returns with pg 2 signed & dated by applicants. Attach <u>all</u> Schedules and W-2s.	<input type="checkbox"/>
✓ Affidavit of Zero Income (To be filled out by any adult that does not receive income.)	<input type="checkbox"/>
✓ Pension / VA / Retirement / Annuity Verification Statement	<input type="checkbox"/>
✓ Disability / Social Security / Unemployment Annual Award Statement/Letter.	<input type="checkbox"/>
✓ Dividends and Interest: Last THREE (3) statements (all pages).	<input type="checkbox"/>
✓ Recurring Contributions / Spousal / Child Support – Provide supportable documentation and/or Final Divorce Decree.	<input type="checkbox"/>
ASSETS	
✓ All Checking Accounts: Last SIX (6) statements (all pages). <i>NOTE: All non-direct payroll deposits must be identified and explained on statements.</i>	<input type="checkbox"/>
✓ All Savings Accounts: Last SIX (6) statements (all pages). <i>NOTE: All non-direct payroll deposits must be identified and explained on statements.</i>	<input type="checkbox"/>
✓ Mutual Funds / Money Market Funds / Certificates of Deposit (CD): Last THREE (3) statements (all pages).	<input type="checkbox"/>
✓ Stocks: Copy of Certificate of Proof of Purchase, current statement, and documentation of current value.	<input type="checkbox"/>
✓ Bonds: Provide list of Bonds with amount and serial #.	<input type="checkbox"/>
✓ Real Estate Property / Mobile Home: Loan statement, letter from licensed broker or bank estimating market value, dated within SIX (6) months of application submittal.	<input type="checkbox"/>
✓ Profit Sharing Plan / IRA / 401K / PERS / TSP or other retirement accounts: Last TWO (2) statements (all pages).	<input type="checkbox"/>
OTHER REQUIRED DOCUMENTATION	
✓ Pre-Qualification Letter from a Qualified Participating Lender issued to Head of Household/Co-Applicants. <i>NOTE: Letter to show total financing sources and down payment amounts.</i>	<input type="checkbox"/>
✓ Driver's License or California ID for all applicants.	<input type="checkbox"/>
✓ Current Lease Agreement showing all applicant names. <i>NOTE: Must provide letter from landlord listing all tenants, if Lease is Month-to-Month.</i>	<input type="checkbox"/>
✓ PG&E statement, page 1, if live in Sunnyvale.	<input type="checkbox"/>
✓ HUD-Certified Homebuyer Education Workshop Certificate for all applicants (Provide receipt for schedule class).	<input type="checkbox"/>
✓ Credit Report with FICO Score for all applicants (no more than 30 days old).	<input type="checkbox"/>
✓ Nationwide Criminal Background Check Report (less than 30 days old) for each adult applicant in the household from either agency: <ul style="list-style-type: none"> ✓ US Search: http://www.ussearch.com/criminal-records ✓ Intelius: https://www.intelius.com/criminal-records.html 	<input type="checkbox"/>
✓ Gift Letter: If needed, provide signed gift letter and bank statement showing proof of funds from person gifting.	<input type="checkbox"/>
CITIZENSHIP – Provide one (1) for each household member	
✓ Copy of United States Birth Certificate	<input type="checkbox"/>
✓ Copy of Naturalization Certificate or Valid United States Passport	<input type="checkbox"/>
✓ United States Permanent Resident Card (Green Card) or USCIS Form I-551 or I-151	<input type="checkbox"/>

APPLICANT INFORMATION

APPLICANT			
NAME: Last, First MI _____		CONTACT PHONE: (____) _____ - _____	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse: _____			
DATE OF BIRTH (mm/dd/yyyy): ____/____/____		SOCIAL SECURITY NUMBER: ____-____-____	
California Driver's License or ID #: _____			
EMAIL: _____			
PRESENT ADDRESS			
Street: _____		City, Zip: _____	
() Own () Rent () # Years or months at this address _____			
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN THREE (3) YEARS, LIST PREVIOUS ADDRESS:			
FORMER ADDRESS		RESIDENCY	
		Begin	End
		-	-
			() Own () Rent
			() Own () Rent
			() Own () Rent
APPLICANT EMPLOYMENT			
If not employed, provide source of income:		Provide additional employment or sources of income you have:	
Name and Address of Employer () Self Employed		Name and Address of Employer () Self Employed	
Employer Phone (____) _____ - _____		Employer Phone (____) _____ - _____	
Dates of Employment (from - To) ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income \$ _____	Dates of Employment (from - To) ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income \$ _____
Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other		Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other	

II. HOUSEHOLD COMPOSITION

HOUSEHOLD SIZE: _____

LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME:

NAME	Date of Birth / Gender	RELATIONSHIP
	/	Applicant
	/	Co-Applicant #1
	/	
	/	
	/	
	/	
	/	
	/	

NOTE: PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18. ATTACH ADDITIONAL PAGES AS NECESSARY.

CO-APPLICANT #1 <input type="checkbox"/> Check here if claimed as dependent on the Federal Income Tax Return of Applicant	
NAME: Last, First MI	CONTACT PHONE: () -
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse: _____	
DATE OF BIRTH (mm/dd/yyyy): / /	SOCIAL SECURITY NUMBER: - -
RELATIONSHIP TO APPLICANT: _____	CA DRIVERS LICENSE # or ID:
EMAIL:	
PRESENT ADDRESS	
Street: _____ City, Zip: _____	
() Own () Rent () # Years or months at this address	

CO-APPLICANT #1 EMPLOYMENT			
If not employed provide name & address of previous employer & date employed: _____		Provide additional employment and/or sources of income you have: _____	
Name and Address of Employer () Self Employed		Name and Address of Employer () Self Employed	
Employer Phone () -		Employer Phone () -	
Dates of Employment (from - To) / / - / / (mm/dd/yyyy)	Gross Annual Income \$ _____	Dates of Employment (from - To) / / - / / (mm/dd/yyyy)	Gross Annual Income \$ _____
Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other		Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other	

CO-APPLICANT #2 <input type="checkbox"/> <i>Check here if claimed as dependent on the Federal Income Tax Return of Applicant</i>	
NAME: <i>Last, First MI</i>	CONTACT PHONE: () - -
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <i>If Married, name of spouse:</i> _____	
DATE OF BIRTH (mm/dd/yyyy): _ / _ / _	SOCIAL SECURITY NUMBER: _ - _ - _
RELATIONSHIP TO APPLICANT: _____	CA DRIVERS LICENSE # or ID:
EMAIL:	
PRESENT ADDRESS	
Street: _____ City, Zip: _____	
() Own () Rent () # Years or months at this address	

CO-APPLICANT #2 EMPLOYMENT			
If not employed provide name & address of previous employer & date employed: _____		Provide additional employment and/or sources of income you have: _____	
Name and Address of Employer () Self Employed		Name and Address of Employer () Self Employed	
Employer Phone () -		Employer Phone () -	
Dates of Employment (from - To) _ / _ / _ - _ / _ / _ (mm/dd/yyyy)	Gross Annual Income \$ _____	Dates of Employment (from - To) _ / _ / _ - _ / _ / _ (mm/dd/yyyy)	Gross Annual Income \$ _____
Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other		Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other	

CO-APPLICANT #3 <input type="checkbox"/> Check here if claimed as dependent on the Federal Income Tax Return of Applicant	
NAME: Last, First MI	CONTACT PHONE: () - -
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse: _____	
DATE OF BIRTH (mm/dd/yyyy): _ / _ / _	SOCIAL SECURITY NUMBER: _ - _ - _
RELATIONSHIP TO APPLICANT: _____	
EMAIL: _____	
PRESENT ADDRESS	
Street: _____ City, Zip: _____	
() Own () Rent () # Years or months at this address	

CO-APPLICANT #3 EMPLOYMENT			
If not employed provide name & address of previous employer & date employed: _____		Provide additional employment and/or sources of income you have: _____	
Name and Address of Employer () Self Employed		Name and Address of Employer () Self Employed	
Employer Phone () -		Employer Phone () -	
Dates of Employment (from - To) _ / _ / _ - _ / _ / _ (mm/dd/yyyy)	Gross Annual Income \$ _____	Dates of Employment (from - To) _ / _ / _ - _ / _ / _ (mm/dd/yyyy)	Gross Annual Income \$ _____
Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other		Income from this source is received (select one): () Weekly () Every Other Week () Twice a Month () Other	

ATTACH ADDITIONAL PAGES IF NEEDED

III. INCOME AND ASSETS

LIST THE **GROSS ANNUAL INCOME** OF ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER. ATTACH ADDITIONAL PAGES AS NEEDED.

INCOME SOURCE	APPLICANT	CO-APPLICANT #1	CO-APPLICANT #2	CO-APPLICANT #3	TOTAL
Wages, Salaries, Tips, etc.	\$	\$		\$	\$
Business Income	\$	\$		\$	\$
Interest & Dividend Income	\$	\$		\$	\$
Retirement & Insurance	\$	\$		\$	\$
Unemployment & Disability	\$	\$		\$	\$
Welfare Assistance	\$	\$		\$	\$
Alimony, Child Support & Regular Gift Income	\$	\$		\$	\$
Armed Forces Income	\$	\$		\$	\$
Other (i.e. regular monthly support from a non-household member)	\$	\$		\$	\$
TOTAL	\$	\$		\$	\$

LIST THE **CASH VALUE OF ASSETS** FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER. ATTACH ADDITIONAL PAGES AS NEEDED.

Applicant/Co-applicant Name	Name of Bank	Type	Account #: (Last 4 digits only)	Ending Balance
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
CASH VALUE OF REVOCABLE TRUST			Enter cash value of all Revocable Trusts:	\$
CASH VALUE OF STOCKS/STOCK OPTIONS/BONDS				
Applicant/Co-applicant Name	Name of Institution(s)	Account #: (Last 4 digits only)	Value	
			\$	
			\$	
			\$	
			\$	
			\$	

CASH VALUE OF MUTUAL FUNDS/MONEY MARKET/RETIREMENT ACCOUNTS			
Applicant/Co-applicant Name	Name of Institution(s)	Account #: (Last 4 digits only)	Value
			\$
			\$
EQUITY IN COMMERCIAL, INDUSTRIAL, OR REAL PROPERTY			\$
LUMP SUM OR ONE-TIME RECEIPTS			\$
OTHER PERSONAL ASSETS WITH VALUE GREATER THAN \$5,000			\$
GIFT LETTER AMOUNT - Attach Letter and bank statement of proof of funds			\$
RETIREMENT FUNDS AMOUNT TO BE USED – Attach withdraw process paperwork showing total amount allowed to be withdrawn and terms of the amount of repayment.			
CASH ON HAND/OTHER Please Describe			
Applicant/Co-applicant Name			Value
			\$
			\$
TOTAL OF ALL ASSET SOURCES LISTED ABOVE:			\$

IV. DOWN PAYMENT ASSISTANCE

HOW MUCH OF YOUR ASSETS WILL BE FOR THE DOWN PAYMENT: \$ _____

V. LIABILITIES AND HOUSEHOLD EXPENSES (Include installments, auto, and credit card payments)

Attach additional pages as needed.

APPLICANT/CO- APPLICANT NAME	CREDITOR NAME Acct # (last 4-digits):	TYPE OF ACCOUNT	MONTHLY PAYMENT	BALANCE DUE
		Credit Card / Auto	\$ _____ # Pmts: ____	\$
		Credit Card / Auto	\$ _____ # Pmts: ____	\$
		Credit Card / Auto	\$ _____ # Pmts: ____	\$
		Credit Card / Auto	\$ _____ # Pmts: ____	\$

List additional liabilities and other regular expenses including but not limited to alimony, child support, judgments, child care, union dues, student loans, car loans, rent, or medical expenses on behalf of dependents.

OTHER EXPENSES	MONTHLY PAYMENT
<i>Student Loans</i>	\$
<i>Other (installment loans)</i>	\$
	\$
	\$
	\$

PLEASE ANSWER THE FOLLOWING QUESTIONS	
Have you or any member of your household ever filed for bankruptcy (Chapter 7 or Chapter 13)? <i>If yes, please state the year of discharge _____.</i>	() YES () NO
Are there any outstanding judgments against you or any member of your household?	() YES () NO
Have you or any member of your household been foreclosed on in the past 3 years?	() YES () NO
Have you or any member of your household owned real property at any time during the past 3 years?	() YES () NO

You are not required to furnish the following information, but are encouraged to do so. For race, you may check more than one designation.

1. Ethnicity		2. Race
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Other Multi-Racial
		<input type="checkbox"/> White

VI. CERTIFICATION

Initials required by all household members over the age of 18:

I/WE UNDERSTAND THAT:

___/___/___/___ Any and all information provided will be used to determine eligibility for the City of Sunnyvale homebuyer programs and all information contained in the records kept by the city can and will be used for monitoring, auditing and establishing **my/our** eligibility for the City of Sunnyvale's affordable housing programs; otherwise this information is confidential.

___/___/___/___ If **my/ our** application contains false statements, false or falsified documentation, or misrepresentations, **I/we** understand we will be ineligible for the City of Sunnyvale's affordable housing programs.

___/___/___/___ If **I/we** obtain assistance for the City of Sunnyvale's affordable housing programs, **I/we** will be required to certify at least annually that **I/we** comply with program requirements and that the City of Sunnyvale will be continuously auditing and monitoring **my/our** compliance with the program.

I/WE CERTIFY THE FOLLOWING:

___/___/___/___ That **I/we** have provided true, accurate and verifiable documentation to support the statements made herein prior to receive assistance from the City of Sunnyvale for the purchase of a home and that the information provided in this eligibility application is true and correct.

___/___/___/___ That **my/our** combined household income and assets are below the maximum household income for the program.

___/___/___/___ That **I/we** have funds needed for the down payment and closing costs.

___/___/___/___ That **I/we** will continuously occupy our home as primary residence for the duration of the Program loan term, or if receiving down payment assistance loan, until the loan is fully repaid.

___/___/___/___ That **I/we** understand the program requirements and restrictions.

___/___/___/___ That **I/we** understand that there are consequences for failure to comply with program requirements before, during, and after purchasing a unit with financial assistance from the City of Sunnyvale and **I/we** have been informed about those consequences.

READ BEFORE SIGNING

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal, State or Local funds.

I understand that the information on this form is subject to verification. Penalties for falsifying information may include denial to participate in the City of Sunnyvale’s affordable housing programs, or if made evident after loan funding, immediate repayment of all funds received, sale of below market rate home, and/or prosecution under the law.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and was executed in _____ (City), California.

DATED: ___/___/___ APPLICANT _____

DATED: ___/___/___ CO-APPLICANT #1 _____

DATED: ___/___/___ CO-APPLICANT #2 _____

DATED: ___/___/___ CO-APPLICANT #3 _____

Attach additional pages as needed.

ACKNOWLEDGEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I/We are hereby applying to purchase a Below Market Rate (BMR) home through the City of Sunnyvale BMR Program and/or for a City of Sunnyvale First Time Home Buyer Loan. By submitting **my/our** application, **I/we** agree that the City of Sunnyvale may verify information contained in **my/our** application and in any other documents required in connection with the purchase, either before or after the transaction has closed, in order to verify **my/our** eligibility for the program, whether to determine **my/our** eligibility, or to complete the processing, approval and underwriting of **my/our** purchase of a BMR home and/or a First Time Home Buyer Loan.

I/We authorize you to provide to the City of Sunnyvale any and all information and documentation that the City requests and further authorize the City of Sunnyvale to provide any such information and documentation to its designated employees. Such information includes, but is not limited to the following types of information for all members of **my/our** household:

- current place of employment and employment history;
- verification of all sources of income and compensation, including self-employment or business income, gifts, pensions, alimony, child support, regular gifts or support, or public benefits; and
- verification of assets and the value of such assets including real property, checking, savings, investment, and brokerage accounts; and
- mortgage or consumer loan status and payment history, credit history, credit card records;
- Driver's License and automobile registration records or other records of the Department of Motor Vehicles; and
- copies of federal and state income taxes, and other tax filings and records of the IRS, Franchise Tax Board, or any other state or local taxing entity; and
- Social Security statements or benefits; and
- unemployment or disability benefits statements.

Therefore, **I/we** authorize the release of any of the information described below and any other information related to determining **my/our** household income, assets, places of employment and primary residency, upon request of the Housing Division of the City of Sunnyvale.

Additionally, **I/we** give **my/our** consent to have the City of Sunnyvale verify the full-time student status and disability status, and the primary residence address of each of the undersigned members of **my/our** household, and all state, federal and local tax records filed by any of the undersigned adults and/or any business entities they may own.

I/We understand that this information will be kept confidential and is being requested for the purpose of determining **my/our** eligibility for housing assistance from the City of Sunnyvale, and that ALL household members 18 years or older must sign this consent form.

I/We acknowledge that this form expires 12 months after signed and a copy of this Authorization may be photocopied and accepted as an original.

I/We the undersigned and hereby authorize the City of Sunnyvale to request copies of any and all information about **my/our** income, assets, employment, credit report, etc. for the purpose of verification of information provided on **my/our** application to purchase a BMR home through the City of Sunnyvale BMR Program and/or City of Sunnyvale First Time Home Buyer Loan.

Applicant Signature: _____ Date: _____
Print Full Name: _____ Phone: _____
Social Security #: _____ Date of Birth: _____
CA Driver License or ID #: _____ Expiration Date: _____
Current Address: _____

Co-Applicant #1 Signature: _____ Date: _____
Print Full Name: _____ Phone: _____
Social Security #: _____ Date of Birth: _____
CA Driver License or ID #: _____ Expiration Date: _____
Current Address: _____

Co-Applicant #2 Signature: _____ Date: _____
Print Full Name: _____ Phone: _____
Social Security #: _____ Date of Birth: _____
CA Driver License or ID #: _____ Expiration Date: _____
Current Address: _____

Co-Applicant #3 Signature: _____ Date: _____
Print Full Name: _____ Phone: _____
Social Security #: _____ Date of Birth: _____
CA Driver License or ID #: _____ Expiration Date: _____
Current Address: _____

ATTACH ADDITIONAL PAGES IF NEEDED

EMPLOYMENT VERIFICATION

Please return this form to City of Sunnyvale within five business days. Fax to 408-737-4906 or mail to City of Sunnyvale, Housing Division, 456 West Olive Avenue, Sunnyvale, CA 94086 (408-730-7250).

THIS SECTION TO BE COMPLETED AND EXECUTED BY APPLICANT

TO: _____
NAME OF EMPLOYER
NAME OF DEPT. OR PERSON TO CONTACT w/Phone #

RE: _____
NAME OF APPLICANT
FAX NUMBER OF DEPT. OR PERSON TO CONTACT

I hereby authorize release of my employment information.

Signature of Applicant
Date

The individual named directly above is an applicant for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Agent for City of Sunnyvale
Phone
Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Currently Employed: Yes Date First Employed _____ No Last Day of Employment _____

Current Wages/Salary: \$ _____ per (check one) hourly weekly bi-weekly semi-monthly
 monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ per (check) hourly weekly bi-weekly semi-weekly
 monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature
Employer's Printed Name
Date

Employer's Name and Address:

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

EMPLOYMENT VERIFICATION

Please return this form to City of Sunnyvale within five business days. Fax to 408-737-4906 or mail to City of Sunnyvale, Housing Division 456 West Olive Avenue, Sunnyvale, CA 94086 (408-730-7250).

THIS SECTION TO BE COMPLETED AND EXECUTED BY APPLICANT

TO: _____
NAME OF EMPLOYER NAME OF DEPT. OR PERSON TO CONTACT w/Phone #

RE: _____
NAME OF APPLICANT FAX NUMBER OF DEPT. OR PERSON TO CONTACT

I hereby authorize release of my employment information.

Signature of Applicant Date

The individual named directly above is an applicant for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Agent for City of Sunnyvale Date

Phone

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Currently Employed: Yes Date First Employed _____ No Last Day of Employment _____

Current Wages/Salary: \$ _____ per (check one) hourly weekly bi-weekly semi-monthly
 monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ per (check) hourly weekly bi-weekly semi-weekly
 monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's Name and Address:

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.



City of Sunnyvale
 Housing Division
 456 W. Olive Avenue
 Sunnyvale, CA 94086
 Phone: 408-730-7250 Fax: 408-737-4906

AFFIDAVIT OF ZERO INCOME

To be completed by any adult household members with zero income.

1. I do not receive any income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments;
 - g. Public assistance payments.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources.
 - j. Any other source not named above.
2. I have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I am not seeking employment or benefits because: _____
4. I will be using the following sources of funds to pay for housing and other necessities: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

 Signature of Applicant

 Date

 Print Name

This Page Intentionally Left Blank

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alabama, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form, 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.