



**CITY OF SUNNYVALE
 BMR RENTAL HOUSING PROGRAM
 456 W. Olive Avenue
 Sunnyvale, CA 94086
 (408) 730-7456
 Fax: 9408) 737-4906**

ANNUAL CERTIFICATION OF OCCUPANCY BY BMR RENTER(S)

The property owner/manager is responsible for submitting this form to the City of Sunnyvale with the Annual Report.

The undersigned, _____
 Names of Lessees

hereby certify that **I/we** lease and occupy the Below Market Rate (BMR) rental unit located at:

 Complete Address and Apartment/Unit #

By signing below, I/we certify that the BMR unit is **my/our** principal residence and that **I/we** have occupied the BMR unit on this basis continuously.

 Lessee (*Signature*)

 Date

 Print Name

 Phone

 Co-Lessee (*Signature*)

 Date

 Print Name

 Phone

NOTE: All Household Members named in the Lease Agreement must sign. ALL SIGNATURE(S) MUST BE NOTARIZED.

Additional Household Members Listed in the Lease Agreement of the above BMR Unit

 Co-Lessee (*Signature*)

 Date

 Print Name

 Phone

 Co-Lessee (*Signature*)

 Date

 Print Name

 Phone