



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

ANNUAL RECERTIFICATION FOR THE BMR WAIT LIST

The information provided on this form will be utilized to recertify your place on the Wait List to rent a BMR unit. Please fill this out completely. Documentation will be required to support the information provided when you submit an application to rent a BMR Unit.

Wait List Recertification Date: _____

I. APPLICANT(S) CONTACT INFORMATION

Applicant Name: _____

Co-Applicant Name: _____

Current Address: _____

Total Number of Household Members: _____ Total Household Annual Income: \$ _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ E-Mail Address: _____

Name of Employer: _____

Owner or Property Management Employee: YES - NO -

Employee Position: _____

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

