



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

**ANNUAL TENANT RE-CERTIFICATION**

Note: This form shall be retained in the tenant file of the property owner/manager.

**1. CONTACT AND EMPLOYER INFORMATION**

**Lessee Name (Print Clearly)**

_____	_____	_____	_____
Last Name	First Name	Initial	
_____	_____	_____	_____
Present Address	City	State	Zip
_____	_____	_____	_____
Home Phone Number	Work Phone Number	Cellular Phone	Number
_____	_____	_____	_____
Name of Employer	Address	City	
_____	_____	_____	_____
Job Title/Occupation:	No. of years at current employer:		

Provide any other names you have been known by within the past 5 years:

\_\_\_\_\_

Email: \_\_\_\_\_

**Co-Lessee Name (Print Clearly)**

_____	_____	_____	_____
Last Name	First Name	Initial	
_____	_____	_____	_____
Present Address	City	State	Zip
_____	_____	_____	_____
Home Phone Number	Work Phone Number	Cellular Phone	Number
_____	_____	_____	_____
Name of Employer	Address	City	
_____	_____	_____	_____
Job Title/Occupation:	No. of years at current employer:		

Provide any other names you have been known by within the past 5 years:

\_\_\_\_\_

Email: \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

**2. CHECKLIST OF ATTACHED DOCUMENTATION**

It is your responsibility to provide documentation to be used to verify your eligibility. The instructions for each section of the Annual Tenant Re-certification Form describe the appropriate documentation that must be attached. Please note that additional information may be requested.

<b>Verifiable Documentation (Attached –Mark with a Check ( √ ) If not applicable, enter N/A (Not Applicable)</b>	<b>Lessee</b>	<b>Co-Lessee</b>
<b>I. INCOME</b>		
Federal Tax Returns (Signed and dated)		
Copies of Last 3 paychecks <u>for each of the applicants</u>		
Self employment – 1 year of signed and dated Federal Tax Returns or if in business less than one year, Profit & Loss Statement from a professional accountant		
Pension/VA/Retirement/Annuities Verification		
Social Security Verification		
Disability/SSI/Unemployment Verification		
Spousal/Child Support: Interlocutory Decree		
Dividends, Interest: copies of 2 recent statements		
Recurring contributions from other sources verification		
Other source: verification		
<b>II. ASSETS</b>		
Checking Accounts: copies of 2 statements		
Savings Accounts: copies of 2 statements		
Mutual Fund/Money Market Fund: copies of 2 statements		
Certificates of Deposit: copies of 2 statements		
Stocks: Copy of Certificates or Proof of Purchase and current statement plus documentation of current value (online, newspaper)		
Bonds, including savings bonds: (List of Bonds with Amount & Serial #)		
Real estate property/mobile home: loan statement, letter from licensed broker or bank estimating market value		
Other assets with value greater than \$10,000: appraisals, and other verification		

Tenant Name(s): \_\_\_\_\_

**3. INCOME**

Continued eligibility for the BMR rental program is based on the total income that all members of the household anticipate receiving over the 12-month period beginning on the date the unit will be occupied. Please list all sources of income for each member of the household (18 years of age or older).

CATEGORY OF INCOME	Lessee		Co-Lessee	
	Past Year	Year-To-Date	Past Year	Year-To Date
Wages, Salaries, Tips, etc.				
Net Business Income				
Interest & Dividend Income				
Retirement & Insurance Income				
Unemployment & Disability Income				
Welfare Assistance				
Alimony, Child Support & Gift Income				
Armed Forces Income				
Other				
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

CATEGORY OF INCOME	OTHER TENANT		OTHER TENANT	
	Name: _____		Name: _____	
	Past Year	Year-To-Date	Past Year	Year-To Date
Wages, Salaries, Tips, etc.				
Net Business Income				
Interest & Dividend Income				
Retirement & Insurance Income				
Unemployment & Disability Income				
Welfare Assistance				
Alimony, Child Support & Gift Income				
Armed Forces Income				
Other				
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Tenant Name(s): \_\_\_\_\_

**4. ASSETS**

Continued eligibility for the program is also based on the total assets of all members of the household. Please list all assets for each member of the household (18 years of age or older) in each category listed below.

<b>ASSETS: LIQUID ASSETS READILY AVAILABLE (does not include 401, 457, IRA and other retirement accounts)</b>			
<b>1. Cash held in Savings and Checking Accounts</b>			
a. Savings – Institution (s)	Account No.	Amount	
			\$
b. Checking – Institution(s)	Account No.	Amount	
			\$
c. Other Cash on Hand		Amount	
			\$
<b>2. Cash Value of Revocable Trusts:</b> Amount:			\$
<b>3. Cash Value of Stocks (including Options)/Bonds</b>			
a. Mutual Funds/Money Market - Institution(s)	Account No.	Amount	
			\$
b. Stocks and Bonds (incl. Savings bonds) – value as of date of application (Attach list )			\$
c. Certificates of Deposit (Attach list)			\$
4. Equity in rental property or other capital investments, real property presently owned-estimated market value less outstanding debt. (Attach list)			\$
5. Lump sum or one-time receipts such as inheritances, capital gains, lottery winnings, victim’s restitution, insurance settlements			\$
6. Other personal assets with cash value greater than \$10,000: do not include furniture, autos, jewelry, or antiques (Attach list)			\$
<b>TOTAL OF LIQUID ASSETS READILY AVAILABLE</b>			<b>\$</b>

**5. HOUSEHOLD COMPOSITION**

Please provide the following about all persons residing in the BMR Unit:

Total Number of Persons in Household: \_\_\_\_\_

Total Household Income: **\$** \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

**6. CERTIFICATIONS**

**I/WE UNDERSTAND THAT:**

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 ELIGIBILITY AND PRIORITY PREFERENCE FOR THE CITY OF SUNNYVALE'S BELOW MARKET RATE (BMR) RENTAL HOUSING PROGRAM; OTHERWISE THIS INFORMATION IS CONFIDENTIAL.  
\_\_\_\_

I/WE ARE REQUIRED TO PROVIDE VERIFIABLE DOCUMENTATION TO SUPPORT THE STATEMENTS MADE HEREIN.  
\_\_\_\_

IF ANY OF THE STATEMENTS MADE ARE FALSE OR MISREPRESENTATIONS ON THIS RE-CERTIFICATION FORM, I/WE WILL RELINQUISH ALL RIGHTS TO PARTICIPATE IN THE BMR RENTAL HOUSING PROGRAM.  
\_\_\_\_

**I/WE CERTIFY THAT:**

THE INFORMATION PROVIDED IN THIS ANNUAL TENANT RE-CERTIFICATION FORM R-11 IS TRUE AND CORRECT.  
\_\_\_\_

THE COMBINED HOUSEHOLD INCOME IS BELOW THE MAXIMUM HOUSEHOLD INCOME FOR MY HOUSEHOLD SIZE.  
\_\_\_\_

I/WE WILL CONTINUE TO OCCUPY THE BMR RENTAL UNIT AS PRIMARY RESIDENCE.  
\_\_\_\_

I/WE MEET THE U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIREMENTS.  
\_\_\_\_

Executed the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_ in the City of Sunnyvale, California.

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Co-Lessee

\_\_\_\_\_  
Other Co-Tenant

\_\_\_\_\_  
Other Co-Tenant