



APPLICATION TO RENT A BMR UNIT

Completed applications should be returned to the following apartment complex:

Apartment Complex: _____

Apartment Complex Address: _____

Sunnyvale, CA _____

I. DOCUMENTATION CHECKLIST

PROVIDE THE REQUESTED DOCUMENTATION IN THE ORDER LISTED BELOW FOR APPLICANT, CO-APPLICANT (IF APPLICABLE) AND HOUSE HOLD MEMBERS 18 AND OLDER (“HH MEMBER”)

	Applicant	Co-Appl	HH Member
INCOME			
➤ Copies of the last TWO (2) most recent signed Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Copies of the last THREE (3) consecutive months’ paycheck stubs (may be required to submit additional copies depending on pay structure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pension/VA/Retirement/Annuities Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Social Security Verification Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Disability/SSI/Unemployment Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Spousal/Child Support – Provide copies of Interlocutory Decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Dividends, Interest: Copies of THREE (3) recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Recurring contributions from other sources verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSETS			
➤ Checking Accounts: TWO (2) most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Savings Accounts: TWO (2) most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Mutual Fund/Money Market Fund: TWO (2) most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Certificates of Deposit (COD): TWO (2) most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Stocks: Copy of Certificates of Proof of Purchase AND current statement AND any documentation of current value (online, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Bonds: Provide list of Bonds with Amount and Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Other assets with value greater than \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Stock option verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. CONTACT INFORMATION

APPLICANT	CO-APPLICANT	
NAME: First, MI, Last	NAME: First, MI, Last	
() Married () Single () Divorced	() Married () Single () Divorced	
CONTACT PHONE: () _____ - _____	CONTACT PHONE: () _____ - _____	
TYPE (Circle One) Cell / Home / Work	TYPE (Circle One) Cell / Home / Work	
ALTERNATE PHONE: () _____ - _____	ALTERNATE PHONE: () _____ - _____	
EMAIL:	EMAIL:	
SOCIAL SECURITY NUMBER: _____ - _____ - _____	SOCIAL SECURITY NUMBER: _____ - _____ - _____	
PRESENT ADDRESS Street: _____ City, Zip: _____	PRESENT ADDRESS Street: _____ City, Zip: _____	
() Own () Rent () # Years at this address	() Own () Rent () # Years at this address	
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN THREE (3) YEARS, LIST ALL PREVIOUS ADDRESS:		
FORMER ADDRESS	RESIDENCY Begin End	OWN / RENT
	-	() Own () Rent
	-	() Own () Rent

III. HOUSEHOLD INFORMATION

HOUSEHOLD SIZE: _____

LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT AND CO-APPLICANT, LIVING IN THE HOME:

NAME	AGE / SEX	RELATIONSHIP
	/	<i>Applicant</i>
	/	
	/	
	/	

IV. EMPLOYMENT

APPLICANT		CO-APPLICANT	
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	

LIST ADDITIONAL EMPLOYMENT INFORMATION FOR APPLICANT, CO-APPLICANT AND ALL HOUSEHOLD MEMBER OVER THE AGE OF 18 YEARS OF AGE OR OLDER.

() APPLICANT () CO-APPLICANT () HH MEMBER		() APPLICANT () CO-APPLICANT () HH MEMBER	
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	

V. INCOME AND ASSETS

LIST THE GROSS ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER.

INCOME SOURCE	APPLICANT	CO-APPLICANT	HH MEMBER	TOTAL
Wages, Salaries, Tips, etc.	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$
Alimony, Child Support &	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

ASSETS READILY AVAILABLE <i>Applicant (A) Co-applicant (CA) Household Member 18 years of age and older (HM)</i>						
A	CA	HM	Name of Bank	Type	Account #	Balance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
CASH VALUE OF STOCKS/BONDS						
A	CA	HM	Name of Institution(s)	Account #	Value	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
CASH VALUE OF MUTUAL FUNDS/MONEY MARKET ACCOUNTS						
A	CA	HM	Name of Institution(s)	Account #	Value	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
CERTIFICATES OF DEPOSIT						
A	CA	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
CASH ON HAND/OR OTHER <i>Please Describe</i>						
A	C	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
TOTAL OF ALL SOURCES LISTED ABOVE:						\$

You are not required to provide this information

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

VI. CERTIFICATION OF APPLICANT(S)

Each applicant(s) must review the certifications and initial.

	Co-Applicant			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 (MY/OUR) ELIGIBILITY AND PRIORITY PREFERENCE FOR THE CITY OF SUNNYVALE’S BELOW MARKET RATE RENTAL HOUSING PROGRAM; OTHERWISE THIS INFORMATION IS CONFIDENTIAL.
_____	_____	_____	_____	I/WE AM/ARE REQUIRED TO PROVIDE VERIFIABLE DOCUMENTATION TO SUPPORT THE STATEMENTS MADE HEREIN.
_____	_____	_____	_____	IF ANY OF STATEMENTS MADE ARE FALSE OR MISREPRESENTATIONS ON THIS CERTIFICATION FORM, I/WE WILL RELINQUISH ALL RIGHTS TO PARTICIPATE IN THE BMR RENTAL AND HOME OWNERSHIP PROGRAM.
_____	_____	_____	_____	THE INFORMATION PROVIDED IN THIS “BMR RENTAL ELIGIBILITY INFORMATION FORM” R-3 IS TRUE AND CORRECT.
_____	_____	_____	_____	THE COMBINED HOUSEHOLD INCOME IS BELOW THE MAXIMUM HOUSEHOLD INCOME FOR MY/OUR HOUSEHOLD SIZE.
_____	_____	_____	_____	I/WE WILL OCCUPY THE BMR RENTAL UNIT AS PRIMARY RESIDENCE.

_____ <i>Applicant Signature</i>	_____ Date	_____ <i>Co-Applicant Signature</i>	_____ Date
_____ Print Full Name		_____ Print Full Name	

(Signatures of all persons over the age of 18 years listed in Item 1 are required.)

VII. APPLICATION FEE (REQUIRED FOR APARTMENT COMPLEX EMPLOYEE APPLICANTS ONLY)

The non-refundable application fee in the amount of \$100.00, payable to the City of Sunnyvale, is attached in the following form:

____ Personal Check Number: _____ Cashier’s Check Number: _____