



**BELOW MARKET RATE
HOUSING PROGRAM
ADMINISTRATIVE PROCEDURES
FOR RENTERS**

 Rental Program

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Table of Contents

A. Definitions	R-1
B. Determining Eligibility	R-7
1. Live/Work	R-8
2. Income Limits	R-8
3. Assets	R-9
C. Applying to the BMR Rental Program Wait List	R-10
1. Apply to BMR Rental Program Wait List at Property	R-10
2. Determining Priority Preference	R-10
3. Determining Household Composition	R-10
4. Determining Household Eligibility for Units According to Number of Bedrooms	R-10
5. Annual Tenant Re-Certification for Eligibility to the BMR Rental Program Wait List	R-11
D. Renting a BMR Unit	R-12
1. Availability of a BMR Unit	R-12
2. Documenting Tenants Eligibility	R-12
3. Determining Initial Rents	R-13
4. Maximum Rents	R-13
5. Completion of Leasing Documents	R-14
6. Completing the BMR Lease Addendum	R-14
7. Renting a BMR Unit to Employees	R-14
E. Living in Your BMR Unit	R-16
1. Changes in Occupancy	R-16
2. Annual Re-Certification of Renter's Occupancy and Eligibility	R-16
F. Property Manager/Owner Responsibilities and Requirements	R-18
1. Development Agreement	R-18
2. Adjustments to Rents	R-18
3. Decreased Rents – Economic Downturn	R-18
4. Transfer to Future Buyers	R-19
5. Property Manager/Owner Certifications	R-19
6. Substitution of BMR units	R-19
7. Continuing Education	R-19
8. Property Manager/Owner Provides BMR Rental Program Wait List to City for Audit.	R-19
9. Annual Reports	R-20
10. City Audits and Monitoring	R-20
11. Enforcement	R-20
12. Retention of Records	R-20
13. Changes in Management and/or Ownership	R-20
14. Expiration of Program Restrictions - Tenant Notification	R-20
15. Forms	R-20

City of Sunnyvale Below Market Rate (BMR) Rental Housing Program Administrative Procedures

The following document contains the procedures and regulations that apply to the BMR Rental Housing Program. These Procedures and other relevant information, including income limits and rents, may also be amended and updated from time to time. Please refer to the City's website Housing.inSunnyvale.com to determine the most current version of these procedures.

A. Definitions

- 1. Area Median Income (AMI):** The midpoint in the income distribution within a specific geographic area. Income eligibility limits are established by the U.S. Department of Housing and Urban Development (HUD). "Area" means metropolitan area or Non-metropolitan County.

The following table presents the current annual income inclusions and exclusions as described in the U.S. Code of Federal Regulations and provided on the website of the U.S. Department of Housing and Urban Development at <http://www.hud.gov/offices/cpd/affordablehousing/training/web/calculator/definitions/part5.cfm>

Inclusions:

General Category	Statement from 24 CFR 5.609 paragraph (b) (April 1, 2004)
1. Wages, salaries, tips	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business	The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined



Rental Program

	by HUD.
4. Retirement & Insurance	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in number 14 of Income Exclusions).
5. Unemployment & Disability	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (except as provided in number 3 of Income Exclusions).
6. Welfare Assistance	<p>Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income:</p> <ul style="list-style-type: none"> ▶ Qualify as assistance under the TANF program definition at 45 CFR 260.31; and ▶ Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c). <p>If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:</p> <ul style="list-style-type: none"> ▶ the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus ▶ the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gifts	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. Armed Forces	All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).

Exclusions

General Category	Statement from 24 CFR 5.609 paragraph (c) (April 1, 2004)
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Disabled Persons	Certain increases in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671(a)).
7. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
8. Armed Forces Hostile Fire Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
9. Self-Sufficiency Program Income	A. Amounts received under training programs funded by HUD.
	B. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
	C. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
	D. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more



Rental Program

	<p>than one such stipend during the same period of time.</p>
	<p>E. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.</p>
10. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
11. Reparations	Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
12. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
13. Adoption Assistance Payments	Adoption assistance payments in excess of \$480 per adopted child.
14. Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	<p>Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including:</p> <ul style="list-style-type: none"> ▶ The value of the allotment made under the Food Stamp Act of 1977; ▶ Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);

 Rental Program

- ▶ Payments received under the Alaskan Native Claims Settlement Act;
- ▶ Income derived from the disposition of funds to the Grand River Band of Ottawa Indians;
- ▶ Income derived from certain sub-marginal land of the United States that is held in trust for certain Indian tribes;
- ▶ Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program;
- ▶ Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);
- ▶ The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands;
- ▶ Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work study program or under the Bureau of Indian Affairs student assistance programs;
- ▶ Payments received from programs funded under Title V of the Older Americans Act of 1985 (Green Thumb, Senior Aides, Older American Community Service Employment Program);
- ▶ Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- ▶ Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments;
- ▶ The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990;
- ▶ Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, state job training programs and career intern programs, AmeriCorps);
- ▶ Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation;
- ▶ Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990;

Rental Program

	<ul style="list-style-type: none"> ▶ Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran; ▶ Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act; and ▶ Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998.
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2. **Asset:** Items of ownership which can be converted into cash; total resources of a person or business, such as cash, notes and accounts receivable, securities, inventories, goodwill, fixtures, machinery, or real estate

The following table outlines what is and is not included as an asset as described in the U.S. Code of Federal Regulations and provided on the website of the US Department of Housing and Urban Development:

Inclusions

1.	Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.
2.	Cash value of revocable trusts available to the applicant.
3.	Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4.	Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5.	Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
6.	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
7.	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
8.	Mortgages or deeds of trust held by an applicant.

Exclusions

Rental Program

1.	Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2.	Interest in Indian trust lands.
3.	Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4.	Equity in cooperatives in which the family lives.
5.	Assets not accessible to and that provide no income for the applicant.
6.	Term life insurance policies (i.e., where there is no cash value).
7.	Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.
5.	Individual retirement, Keogh accounts and pension funds

3. **Family:** (1) Two or more persons related by birth, marriage, or adoption [Source: U.S. Bureau of the Census]. (2) An individual or a group of persons living together who constitute a *bona fide* single-family housekeeping property in a dwelling property, not including a fraternity, sorority, club, or other group of persons occupying a hotel, lodging house or institution of any kind [Source: California] Department of Housing and Community Development .
4. **Household:** All those persons – related or unrelated – who occupy a single housing property. (See “Family.”)
5. **Low Income Household:** A household with an annual income no greater than 70 percent of the area median income for the number of people in the household and based on the latest available eligibility limits established annually by the U.S. Department of Housing and Urban Development (HUD) .
6. **Moderate Income Household:** A household with an annual income between the lower income eligibility limits of 70 percent of the area median family income and 120 percent of the area median family income, as established by the U.S. Department of Housing and Urban Development (HUD)
7. **Very Low Income Household:** A household with an annual income no greater than 50 percent of the area median family income, based on the latest available eligibility limits established by the U.S. Department of Housing and Urban Development (HUD)

B. Determining Eligibility

The City of Sunnyvale BMR Rental Housing Program provides rental-housing opportunities to low or very low-income households with incomes at or below 70% Area Median Income (AMI). To be eligible to participate in the BMR Program you must meet the following requirements:

- Live or work in Sunnyvale*
- Total household income must not exceed 70% AMI

Rental Program

- Total household assets are limited to \$50,000 (excluding retirement accounts)

1. Live/Work

Initial eligibility for the City's Rental Housing Program requires that the Applicant(s) either live or work in Sunnyvale.

Live: The Applicant(s) and/or Co-Applicant(s) must have established continuous residency in Sunnyvale for a minimum of six months prior to applying to be on BMR Rental Program Wait List. Continuous residency requires that you have the ability to document living in Sunnyvale without a break during the six-month time-period. Actual residency in Sunnyvale, not legal residency, is required. Those who simply have a post office box, park overnight or visit in the city are not considered residents.

Work: The Applicant(s) and/or Co-Applicant(s) must have continuously worked in Sunnyvale for a minimum of 30-hours a week for six months prior to applying to the BMR Rental Program Wait List. Working in Sunnyvale requires that the applicant(s) and/or co-applicant(s) work in Sunnyvale without a break during the six-month time-period. Actually working in Sunnyvale means your employer is located in Sunnyvale **AND** you perform your employment within the city limits of Sunnyvale.

*Households who do not live or work in Sunnyvale can occupy BMR rental unit only if there is no active BMR Rental Program Wait List. Prior to leasing a BMR rental unit, the property manager/owner must request and receive approval to offer the unit to a tenant who does not meet the live or work eligibility requirement. Approval is requested by providing the City with a copy of the most recent BMR Wait List Log (Attachment 1) and a completed Certification of No Existing Wait List (Attachment 2).

2. Income Limits

As stated in Section 19.66.020(d) of the City of Sunnyvale Municipal Code, all BMR units shall be rented to low or very low-income households with incomes at or below 70% of AMI. The gross annual income of all household members 18 years of age or older is considered when determining eligibility. **In no case** may a BMR unit be occupied by a household that is above the income limits with the exception that tenants occupying BMR units prior to March 1, 2003, are eligible to maintain their occupancy until their household income exceeds 80% of AMI.

Only those households having a gross income below the established income limits, adjusted for family size, are eligible to occupy BMR rental units, either upon initial rent-up or upon filling any subsequent vacancy. Potential tenants whose previous income exceeded 70% of AMI, but are now at or below 70% AMI must provide copies of three months worth of paycheck stubs to verify their new income eligibility prior to renting a BMR unit. If an applicant's income increases so that their income exceeds the income limits, they are required to vacate the unit or begin paying market-rate rent at the time of re-certification.

The U.S. Department of Housing and Urban Development updates the income limits that define low and very low-income households periodically. The definition of what is and is not included in annual income follows the current definition described in the U.S. Code of Federal Regulations and provided on the website of the U.S. Department of Housing and Urban Development at:

 Rental Program

www.hud.gov/offices/cpd/affordablehousing/training/web/calculator/definitions/part5.cfm

Household Size	70% AMI- Maximum Income
1	\$51,450
2	\$58,800
3	\$66,150
4	\$73,500
5	\$79,400
6	\$85,250
7	\$91,150
8	\$97,000

Effective March 1, 2012 and updated annually.

3. Assets

Total household assets are limited to \$50,000 (excluding retirement accounts). An asset is a cash or non-cash item that can be converted to cash. The value of necessary items such as furniture and automobiles are not included. (Note: it is the income earned – e.g. interest on a savings account – not the asset value, which is counted in annual income.) An asset's cash value is the market value, less reasonable expenses required to convert the asset to cash. Reasonable expenses include penalties or fees for converting financial holdings or the cost associated with selling real property. The cash value (rather than the market value) of an item is counted as an asset.

C. Applying to the BMR Rental Program Wait List

1. Apply to BMR Rental Program Wait List at Property

The City maintains a list of properties that are required to provide BMR rental units. Eligible applicant(s) may contact any or all of the properties participating in the program and apply to their BMR Rental Program Wait List. To apply, eligible applicant(s) must submit an Application for BMR Wait List (Attachment 3) directly to the property manager/owner at the property they are interested in. Only completed applications will be accepted by the property manager/owner. The Application for BMR Wait List (Attachment 3) includes information about the intended household, annual household income and household priority preference points for the BMR Rental Program's Resident Selection Plan.

During the process of certifying eligibility and remaining on the BMR Rental Program Wait List, applicant(s) who intentionally make false statements or misrepresent the facts will be barred from renting a BMR unit in Sunnyvale in the future.

Assign BMR units on a first come first serve basis, with preference for applicants who have documented they live or work in Sunnyvale. Employees of the property owner and/or property manager are not eligible to rent a BMR unit in any property owned by their employer, consistent with Sunnyvale Municipal Code Chapter 19.69.

2. Determining Priority Preference

Applicants are entitled to one preference point if they live or work in Sunnyvale. If an applicant indicates that they live **and** work in Sunnyvale, they will only be eligible for **one** preference point. There is no minimum length of time an applicant must live or work in Sunnyvale to qualify for the preference point.

To obtain the preference point, applicants **must include** documentation to support the preference when submitting their Wait List Application. If an applicant cannot provide the required documentation when submitting the Waiting List Application, property managers **may not** give the applicant the preference point.

3. Determining Household Composition

A household is comprised of one or more persons who may or may not be related. Every person who is on the lease (a lessee), must live in the unit; go through every step of the eligibility process; and must agree to comply with the program requirements. A child will be considered part of the household when the child lives with a single parent for at least 75% of the time or in instances of joint custody, at least 50%.

4. Determining Household Eligibility for Units According to Number of Bedrooms

The number of people declared to be in the household and their age, gender and familial relationships will be considered to determine the specific number of bedrooms in the unit each household will be eligible to rent. The maximum number of people in the unit is twice the number of bedrooms plus one. Households may be considered for unit sizes according to the following:

 Rental Program

Unit Size (bedroom)	Minimum Household Size	Maximum Household Size
One	1	3
Two	2	5
Three	3	7
Four	4	9

The property manager/owner will review the composition of each household to determine the appropriate number of bedrooms for that household. Applicant(s) may state whether they are willing to accept a unit with fewer bedrooms than the unit size they are eligible for. Due to the limited availability of BMR rental units, applicant(s) shall be allocated the smallest size unit appropriate for their household size, as listed above.

5. Annual Tenant Re-Certification for Eligibility to the BMR Rental Program Wait List

The property manager/owner will contact applicants on the BMR Rental Program Wait List annually to request submission of a BMR Renter Annual Re-certification Form (Attachment 4). The purpose of the re-certification is to determine if the applicant(s) is still eligible and interested in renting a BMR unit. If the form is not returned within 30-days, the property manager/owner must attempt to contact the applicant(s) at all available telephone numbers before removing the applicant(s) from the BMR Rental Program Wait List.

BMR applicant(s) must update the property manager/owner when their current mailing address, telephone contact information, and changes in the applicant(s) place of employment, household composition, or any increase/decrease in income that may affect the applicant(s) eligibility to remain on the BMR Rental Program Wait List.

D. Renting a BMR Unit

1. Availability of a BMR Unit

When a BMR unit becomes available, the property manager/owner will contact households on the BMR Rental Program Wait List according to their priority. If an applicant(s) is not interested, the next prospective renter on the BMR Rental Program Wait List will be contacted until a prospect rents the unit. After contacting a prospective renter about three different units, the prospect will be dropped from the BMR Rental Program Wait List if they have not leased a unit. It is the property manager/owner responsibility to use the BMR Rental Program Wait List Log (Attachment 1) to document all attempts to offer a BMR unit to a prospective renter.

If an applicant(s) is interested in renting a BMR unit, they must first submit a complete Application to Rent a BMR Unit (Attachment 5) and all verifiable documentation to support program eligibility.

2. Documenting Tenants Eligibility

Gross Annual Income

To ensure that income is within program eligibility, staff recommends using the City of Sunnyvale Income Verification Calculation Form (Attachment 6). An electronic version of the City of Sunnyvale Income Verification Calculation Form (Attachment 6) is available on the Housing website at www.sunnyvale.ca.gov/housing.

The gross annual income of all household members 18 years of age or older is considered when determining eligibility. The types of income to be verified and the type of documentation that will be requested include a signed copy of the most recent tax return with all pages and W2s, as well as:

Source of Income	Documentation
Wages, Salaries, Tips, Commissions, etc.	Copies of three most recent pay stubs or other verification of employment
Business	Two prior years tax returns with full supporting documentation or 1 year of returns and verification of income by a CPA, including certified copies of profit/loss statement and financial statement
Interest and dividend	Copies of 2 recent statements
Retirement and Insurance	Verification
Unemployment & Disability	Verification
Welfare Assistance	Verification
Alimony, Child Support and Gift	Interlocutory decree which indicates specified payment or proof of non-payment (lien filed)
Armed Forces	Copies of the last four paychecks or other verification of employment

Assets

The assets of all household members 18 years of age or older are considered when determining eligibility. All assets over \$5,000 are included in the eligibility determination. The following are types of assets to be verified and the type of documentation required for each asset type.

Liquid Cash Asset	Documentation
Checking Account, Savings Account, Mutual Fund/Money Market Fund, Certificates of Deposit	Copies of two most recent statements indicating deposits, interest rates and balances.
Stocks, including Options	Copy of each stock or option certificate or proof of purchase and statement of current value; for stock prices attach a copy of recent dated newspaper or online source that shows the value of each company's stocks
Bonds, including Savings Bonds	Copies of each and value.

Other Cash Asset	Documentation
Life Insurance	Copy of Policy and two most recent statements
Gift	Gift Letter
Personal Loan	Letter or loan agreement.
Other	Verification

Documentation to Support Priority Preference Points

The applicant(s) must submit copies of **all** verifiable documentation to support priority preference points. The following are examples of the preference characteristics and the type of documentation that the City will consider as verifiable proof.

Preference	Documentation (One of the following must be submitted)
Live in Sunnyvale	Copies of current lease, residential telephone bill Signed tax returns A written statement from the landlord or property manager/owner
Work in Sunnyvale	Copies of paycheck(s) IRS W-2s or 1099 forms Employment verification statement(s) from Human Resources

3. Determining Initial Rents

The City of Sunnyvale calculates the initial rent at the time of initial occupancy of newly constructed units using the formula more fully described in the BMR Developer Guidelines available on our website at Housing.inSunnyvale.com.

Section 8 Rents: The rent that may be charged to households holding a "Section 8" Certificate or Voucher shall be as established by the Housing Authority of the County of Santa Clara and may differ from the rents established by the City of Sunnyvale

4. Maximum Rents

Maximum rents for existing BMR complexes are determined annually by the City of Sunnyvale. Every December, a Vacancy and Rent Survey is conducted on behalf of the City. The compiled results of the survey is used to calculate the maximum BMR rents for new tenants moving into a

BMR unit and also to determine if a 5% increase will be permitted for existing tenants of a BMR unit.

Property manager/owner is notified by the City in March of each year of the newly established BMR rents for new tenants and also if a 5% increase is being permitted for existing tenants. At no time may rents be increased more than 5% for existing BMR tenants. Only one increase in a 12 month period is permitted.

Annually, rent increases and decreases are monitored for compliance with City guidelines to maintain affordability of the BMR units during the annual audit process.

The occupants of a BMR unit are responsible for the payment of all rents on a timely basis. Any dispute between the occupant and property manager/owner for non-payment of rents shall be resolved by the parties in accordance with State law. The City is not the arbiter of such disputes.

Inclusive Fees and Utilities: BMR applicant(s) may be charged the following utilities and fees in addition to the rents: water, sewer, garbage, pet, and parking. The additional charges must be clearly stated in the lease and all non-BMR units throughout the complex must be required to pay the same additional charges.

5. Completion of Leasing Documents

Once the applicant(s) has qualified and has been approved to rent a BMR unit, they are responsible for completing the complexes leasing forms as required by the property manager/owner. It is the responsibility of the property manager/owner to ensure that all complex leasing forms are completed, and that all BMR forms and supporting eligibility documents are filed accordingly in the tenant file. Renter(s) must be offered a lease of 12 months; however, leases for periods less than 12 months are permitted.

6. Completing the BMR Lease Addendum

The BMR property manager/owner shall attach to every lease a signed Rental BMR Lease Addendum (Attachment 7).

7. Renting a BMR Unit to Employees

Rental of a BMR unit to employees of the property manager/owner is allowed under the following conditions:

- The employee has submitted a complete Application for BMR Wait List (Attachment 3) to the City of Sunnyvale, to confirm eligibility and assign priority preference points.
- After receiving an approval letter by the City, the employee is now considered certified and will be placed on the property's BMR Rental Program Wait List according to the number of priority preference points assigned by City staff.
- A BMR unit can only be offered to a certified employee of the property manager/owner upon a vacancy of an existing BMR unit and only when the employee is next on the BMR Rental Program Wait List according to rank order on the list.
- The employee must submit to the City of Sunnyvale a complete Application to Rent (Attachment 5), all supporting documentation and a check in the amount of \$100 made payable to the City of Sunnyvale.

 Rental Program

- Prior to leasing the unit, property manager/owner must obtain City Approval to Lease a BMR Unit to an Employee of the Property Manager/Owner (Attachment 14).
- No more than 25% of the BMR units at the property may be occupied by employees of the property manager/owner.

Existing employees residing in BMR units as of April 5, 2005 will be accommodated until they vacate the unit, provided that they remain eligible according to the income limitation of the program.

E. Living in Your BMR Unit

1. Changes in Occupancy

The property manager/owner shall ensure that the original lessee(s) remains in occupancy of the unit during the term of the lease. Subletting or substitution by the original lessee(s) is **not** permitted. In the event that the original lessee(s) fails to occupy a unit for a period in excess of 60-days, the lease shall automatically terminate and the property manager/owner shall notify all other occupants to vacate the unit within 30-days of a written notice.

A BMR renter who is relocating in order to purchase a home through the City's BMR Home Ownership Program may terminate a lease without penalty, as long as a 30-day notice is provided to the property manager/owner.

If an additional occupant (roommate, family member, etc.) moves into the unit for a period in excess of 30-days, he/she is then considered part of the existing household. The BMR renter must notify the property manager/owner. The property manager/owner may add the additional occupant to the lease as a lessee; however, all occupants must endorse an Addendum to BMR Lease for Additional Occupants (Attachment 8), acknowledging that they must vacate the unit upon termination of the occupancy by the primary BMR renter. The entire household's eligibility (including new occupant(s) 18 years of age or older) must be re-evaluated to determine continuation in the program.

If the newly formed household's income/assets exceed eligibility requirements, then the property manager/owner shall give each renter a 30-day written notification advising that they no longer qualify for the BMR program and that rent on the unit thereafter will be at market rate as determined by management. If the household decides to continue occupancy of the unit at market rate rent, the property manager/owner is then responsible for assigning a new BMR unit to the program.

2. Annual Re-Certification of Renter's Occupancy and Eligibility

The BMR renter must continue to occupy the unit for the duration of the lease. At least once a year, 30-days prior to the anniversary of the BMR renter's move-in, the property manager/owner will obtain a re-certification from the BMR renter using the Annual Certification of Occupancy by BMR Renter(s) (Attachment 9) and Annual Tenant Re-Certification (Attachment 10). It is the property manager/owner responsibility to ensure that both forms are completed and that all supporting documentation has been received prior to re-certifying the BMR renter's eligibility.

Employees of the property manager/owner who occupy BMR units must submit the above documentation to the City of Sunnyvale for re-certification, with a check in the amount of \$100 made payable to the City of Sunnyvale.

Failure to provide Re-Certification Documents:

If the BMR renter fails to provide the completed certification forms and supporting documentation to the property manager/owner within 30-days of the written request for the certification, then the lease shall automatically terminate. The property manager/owner shall give each BMR renter a 30-day written notification advising that the renter no longer qualify for the BMR program for failure to



Rental Program

submit the required re-certification documentation. The rent on the unit thereafter will be at market rate as determined by management. If the tenants wish to remain in the unit, at market rate rent, it is the property manager/owners responsibility to send written notification to the City of any changes in the designation of BMR units within 30-days of such change. If the property manager/owner is unable to designate another comparable BMR unit within 30-days, then the tenant will be required to vacate the BMR unit.

Increased Annual Income/Assets:

If it has been determined that a households income or assets have exceeded program eligibility, the property manager/owner shall give each renter a 30-day written notification advising that the renter no longer qualify for the BMR program due to ineligibility. Below are the thresholds used to determine income/asset ineligibility:

- Income: Total household income can not exceed 70% of Area Median Income levels for Santa Clara County, (BMR renter's occupying units prior to March 1, 2003 are limited to 80% of area median income).
- Assets: Total household assets are limited to \$50,000 (excluding retirement accounts).

In order for the renter to remain in the BMR unit they currently occupy at the increased market rent, the property manager/owner must immediately designate another comparable unit as a BMR unit to be leased under the controlled rental price and requirements of the BMR program. If the property manager/owner is unable to designate another comparable BMR unit within 30-days, then the tenant will be required to vacate the BMR unit. Management must notify the City of Sunnyvale Housing Division of the BMR renter's increase in income, whether the renter will occupy the unit at market rent, and the designation of the BMR replacement unit within 30-days. The replacement unit must be rented to a qualified BMR tenant in accordance with these guidelines. This process is summarized as follows:

When Tenants Become Ineligible	
30-days prior to termination of lease	Manager requires Annual Certification of Eligibility
Renter is over income, lease on BMR unit terminates	If a substitute BMR unit is available, Manager gives 30-days notice that the renter will sign a new lease at market rent
Renter is over income, lease on BMR unit terminates	If a substitute BMR unit is not available, Tenant moves out of unit within 30-days.

F. Property Manager/Owner Responsibilities and Requirements

The property manager/owner of each rental development with BMR units is required to administer the BMR units in accordance with Section 19.66 of the Sunnyvale Municipal Code and these Administrative Procedures. City staff is available to assist owners and managers, and to provide information concerning implementation of these procedures.

1. Development Agreement

The BMR Administrative Procedures for Developers describes in detail the development process for housing developments with BMR rental units and can be found on the Housing Divisions website at *Housing.inSunnyvale.com*.

2. Adjustments to Rents

As stated in Section 19.66.040(d), the annual change in the maximum BMR rental prices shall be either a maximum increase of 5% percent or the increased percentage of median annual rent based on the Sunnyvale Vacancy and Rent Survey, whichever is less.

Every December, a Vacancy and Rent Survey is conducted on behalf of the City. The compiled results of the survey is used to calculate the maximum BMR rents for new tenants moving into a BMR unit and also to determine if a 5% increase will be permitted for existing tenants of a BMR unit.

Property manager/owner is notified by the City in March of each year of the newly established BMR rents for new tenants and also if a 5% increase is being permitted for existing tenants. At no time may rents be increased more than 5% for existing BMR tenants. Only one increase in a 12 month period is permitted.

Twelve-months of Initial Occupancy: Initial rents for all new developments are maintained for one full year (12-months) after the BMR units have become fully occupied. Increases to the initial rents will not be allowed until the recalculation mentioned above is determined in January following the first full year the BMR units were fully occupied.

Example:

Apartment Size	Current Monthly Rent	5% Increase (New Monthly Rent)
Studio	\$750	\$788
One Bedroom	\$900	\$945
Two Bedroom	\$1,050	\$1,103
Three Bedroom	\$1,200	\$1,260

3. Decreased Rents – Economic Downturn

Should median rents decrease by 10% or more annually, based on the Sunnyvale Vacancy and Rent Survey, then BMR rents shall be decreased by that percentage greater than 10% and subsequently by the total percentage of any further consecutive decreases that occur, until median rents, per the Vacancy and Rent Survey, stabilize or increase.

Example:

	BMR Rent	City Median Rent	Median Rent Inc./Dec	Effect on BMR Rent
Year I	\$800	\$1000	---	Set BMR Initial Rent @ 80% of Median Rent
Year II	\$800	\$950	-5%	BMR 0 increase-no decrease
Year III	\$784	\$836	-12%	BMR decrease 2%- 2% over 10%
Year IV	\$745	\$794	-5%	-5% consecutive decrease
Year V	\$782	\$850	+7%	BMR max increase 5%
Year VI	\$821	\$952	+12%	BMR max increase 5%
Year VII	\$837	\$971	+2%	BMR increase 2%
Year VIII	\$845	\$981	+1%	BMR increase 1%

4. Transfer to Future Buyers

Future owners of the property will abide by all of the administrative procedures and by the conditions in the recorded Developer Agreement. As a reminder, the 55-year restriction period begins on the date the Deed of Trust is recorded with the Santa Clara County Recorders Office.

5. Property Manager/Owner Certifications

Property owner(s), managing partner(s), and property manager(s) (if different) will certify receipt of these Administrative Procedures with statement of intent to manage the BMR units according to these Procedures. Once completed, the Certification Form (Attachment 11) shall be maintained by the City.

6. Substitution of BMR units

If a BMR unit is substituted, it is the property manager/owner responsibility to send written notification to the City of any changes in the designation of BMR units within 30-days of such change.

7. Continuing Education

The property manager/owner or a designated management firm employee must attend continuing education to insure compliance with the program procedures. The City will make available educational programs for the property manager/owner of properties containing BMR units, every two years. The property manager/owner of properties developed after March 6, 2003 are required to attend a BMR Rental Management education program prior to the initial leasing of units at the property and as required by the City of Sunnyvale.

8. Property Manager/Owner Provides BMR Rental Program Wait List to City for Audit.

No less often than quarterly on January 15, April 15, July 15 and October 15 (or the following Monday should the due date fall on a weekend) the property manager/owner will provide a copy of the most up to date BMR Rental Program Wait List Log (Attachment 1), together with Certification of BMR Wait List Administration Form (Attachment 12) to the City.

9. Annual Reports

Annually, on April 1 of each year (or the following Monday should the due date fall on a weekend), the property manager/owner will report to the City on the status of BMR rental units by submitting an Annual Report on Status of Units and Renters (Attachment 13 & 13 A-D). In addition, property manager/owner must submit completed, and attach copies of the all Annual Certification of Eligibility by BMR Renter(s) (Attachment 9).

10. City Audits and Monitoring

The City will conduct periodic field audits at each rental property to verify compliance with BMR Program Administrative Procedures. The City shall have access to the property's records and books pertaining to any unit restricted by the program within ten working days of notice to the owner or manager. Property manager/owner will make records available to City auditors as requested.

11. Enforcement

The City may institute any appropriate legal actions or proceedings necessary to ensure compliance herewith, including but not limited to actions to revoke, deny or suspend any permit or development approval. The City shall be entitled to all attorney fees arising out of any action or proceeding to ensure compliance.

12. Retention of Records

Property manager/owner shall retain records of BMR tenants for 3 years after the tenant has vacated the unit.

13. Changes in Management and/or Ownership

Property manager/owner shall promptly report transfers of ownership management companies/agents and on-site managers to the City's Housing Division.

14. Expiration of Program Restrictions - Tenant Notification

Six months prior to the expiration of the BMR Program Restrictions, property manager/owner must notify all existing BMR tenants that the complex will no longer be required to provide BMR units. The term of all existing leases must be honored by the complex even if the term extends beyond the expiration of the BMR restrictions. New BMR tenants who begin renting a BMR unit that expires within 6 months must be notified prior to leasing.

15. Forms

The most current forms are available online at our website Housing.inSunnyvale.com. The attached forms are samples for your reference and are subject to change.



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

ADDENDUM TO BMR LEASE FOR ADDITIONAL OCCUPANTS

Property Name: _____

In accordance with the City of Sunnyvale Administrative Procedures of the Below Market Rate Rental Housing Program, this addendum is an attachment to the Lease Agreement dated _____.

Between _____
(Lessor)

and _____ for the unit designated as
(Lessee)

(Complete Address) ' _____
Unit Number

LEASE RESTRICTIONS

Notwithstanding any other provisions of this lease, the following shall apply:

1. _____ is a new lessee added to the lease agreement.
2. The BMR unit must be continuously occupied by the original BMR lessee.
3. When the original certified BMR lessee terminates this lease or vacates the unit, the added lessee must vacate this unit upon termination of occupancy unless tenant is notified in writing by property owner/manager that Section 4 of this addendum shall apply.
4. If the tenant fails to comply with Sections, 2, or 3 above, the property owner/manager may immediately designate another comparable unit as a BMR unit to be leased under the controlled rental price and requirements of the BMR program. If a comparable unit is designated, then the lessee need not vacate this unit, but may continue to lease this unit at the current market rent. As of this date, the market rent of a comparable unit is \$_____ per month; this may increase or decrease in the future.

Lessee (Signature)

Date

Lessee (Signature)

Date

Added Lessee (Signature)

Date

Property Manager's Signature

Date

Property Manager's Printed Name



**CITY OF SUNNYVALE
BMR RENTAL HOUSING PROGRAM**

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Sunnyvale, CA 94086
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Fax: (408) 737-4906

ADDENDUM TO BMR LEASE

Property Name: _____

In accordance with the City of Sunnyvale Administrative Procedures of the Below Market Rate Rental Housing Program, this addendum is an attachment to the Lease Agreement dated _____.

Between _____
(Lessor)

and _____ for the unit designated as
(Lessee)

(Complete Address) Unit Number _____

LEASE RESTRICTIONS

Notwithstanding any other provisions of this lease, the following shall apply:

1. The term of this lease shall commence on _____, 20__ and shall continue from that date
 - a. on a month-to-month basis and continue for successive terms of one month each until either Lessor or Lessee terminate the tenancy in accordance with the terms of the lease.
 - b. for a period of __ months expiring on _____ 20__. The lessee may terminate the lease by providing a written 30-day notice to manager without penalty, to purchase a home through the City's Below Market Rate Home Ownership Program.
2. The BMR unit:
 - a) must be continuously occupied by the primary BMR certified lessee signing this Lease addendum as their domicile, and
 - b) annually the tenant shall complete and provide to the property owner/manager the Annual Certification of Occupancy and Income by BMR Renter(s) confirming that the tenant continues to occupy the unit on a full time continuous basis as their domicile.

Failure to complete and provide the Annual Certification of Occupancy and Income by BMR Renter(s) within thirty (30) days of a written request from the property

ATTACHMENT 2

owner/manager shall cause this lease to automatically terminate, and the tenant(s) must thereupon vacate the unit within thirty (30) days of a written notice from the property owner/manager unless tenant is notified in writing by property owner/manager that Section 5 of this addendum shall apply.

3. Tenant shall, annually, prior to renewal of this lease, re-certify their eligibility and verify under penalty of perjury under the laws of the State of California that the household continues to meet the eligibility criteria for occupancy of a BMR rental unit. In the event that the tenant's household no longer meets the eligibility criteria for occupancy of a BMR rental unit, as a result of increased income or other factor, then at the end of the lease term, the tenant must vacate this unit, unless tenant is notified in writing by property owner/manager that Section 5 of this addendum shall apply.
4. A new lessee may be added to the lease. If the initial certified BMR occupants and lessees fail to occupy the unit, the new tenants cannot be substituted. If a lessee fails to occupy the unit for a period in excess of sixty (60) days this lease shall automatically terminate, become null and void and all other occupants must vacate the unit within thirty (30) days written notice from the property owner/manager unless tenants are notified in writing by property owner/manager that Section 5 of this addendum shall apply.
5. If the tenant fails to comply with Sections, 2, 3, or 4 above, the property owner/manager may immediately designate another comparable unit as a BMR unit to be leased under the controlled rental price and requirements of the BMR program. If a comparable unit is designated, then the lessee need not vacate this unit, but may continue to lease this unit at the current market rent. As of this date, the market rent of a comparable unit is \$_____ per month and is subject to change.

Lessee (Signature)

Date

Lessee (Signature)

Date

Property Manager/Owner (Signature)

Date

Property Manager/Owner (Print Name)

Date



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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



CITY OF SUNNYVALE
BMR RENTAL HOUSING PROGRAM
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 (408) 730-7456
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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

ATTACHMENT 4

II. PRIORITY PREFERENCE POINTS

DO NOT CHECK IF NO VERIFIABLE DOCUMENTATION IS AVAILABLE.

_____ Live or Work in Sunnyvale

PRIORITY PREFERENCE DOCUMENTATION

Table with 2 columns: Preference Category, Accepted Supporting Documentation. Rows include Reside in Sunnyvale and Work in Sunnyvale with their respective documentation requirements.

III. CERTIFICATIONS OF APPLICANT(S)

I/We understand that:

- A. Any and all information provided will be used to determine eligibility for substantial public benefits...
B. We will be required to provide verifiable documentation to support the statements made herein...
C. That if any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

- D. That the information provided in this application to the BMR Rental Wait List is true and correct.
E. That the combined household income is below the maximum household income.
F. That I/We will occupy the BMR Rental unit as my/our primary residence.
G. That I/We meet that U.S. Citizenship or Legal Residency requirements.

Executed the _____, day of _____, 20____ in the City of Sunnyvale, California.

Applicant Signature Date Co-Applicant Signature Date

Print Full Name Print Full Name



**CITY OF SUNNYVALE
BMR RENTAL HOUSING PROGRAM**

456 W. Olive Avenue
Sunnyvale, CA 94086
(408) 730-7456
Fax: (408) 737-4906

ANNUAL REPORT

TO: City of Sunnyvale Housing Division
Attn: BMR Program Administration
456 West Olive Avenue
Sunnyvale, CA 94086-3707

RE: Property Name: _____

Property Address: _____

The Owner hereby certifies the following under penalty of perjury under the laws of the State of California:

The information contained in the attached BMR Rental Property Annual Report is true, accurate and correct as of the date hereof. The tenants who lease BMR Rental units meet the eligibility criteria established by the City of Sunnyvale.

In Witness Whereof, the undersigned has signed this Report as of _____ day of _____, 20_____.

Name of Ownership Entity: _____

By: _____

Signature

Print Name and Title

Address

City, State & Zip

Phone

E-Mail Address

Please include the following attachments as part of your Annual Report:
Move-In's (Attachment 13A), Existing Tenants (Attachment 13B), Move-Outs' (Attachment 13C), Vacant Units (Attachment 13D), copies of Annual Certification of Eligibility by BMR Renter (Attachment 9) for all tenants who have lived at the property more than 12 months.



**BELOW MARKET RATE
RENTAL HOUSING PROGRAM
ANNUAL REPORT ON THE STATUS OF
RENTAL UNITS AND BMR RENTERS**

Owner: _____ Date: _____
 Property Name: _____
 Property Address: _____
 Property Manager: _____

CURRENT TENANTS (Tenants who began leasing a BMR unit prior to March 1 st of the previous year)										
Unit Address	Names of All Occupants	Complex Employee (Y/N)	Unit Size	Household Size	Date of Move-In	Move-In Rent	Prior 12 – Month Rent	Current Rent	Annual Household Income	Date of Certified Income



**BELOW MARKET RATE
RENTAL HOUSING PROGRAM
ANNUAL REPORT ON THE STATUS OF
RENTAL UNITS AND BMR RENTERS**

ATTACHMENT 5b

Owner: _____ Date: _____
 Property Name: _____
 Property Address: _____
 Property Manager: _____

MOVE-INS (From Mar 1 through Feb 28) Since Last Annual Report											
Unit Address	Names of All Occupants	Complex Employee (Y/N)	From the Wait List (Y/N)	Unit Size	House hold Size	Date of Initial Lease	Initial Rent	Current Rent	Date & Amount of Rent Increases	Annual Household Income at Initial Lease	Date of Annual Income Certified (MM/YY)



**BELOW MARKET RATE
RENTAL HOUSING PROGRAM
ANNUAL REPORT ON THE STATUS OF
RENTAL UNITS AND BMR RENTERS**

Owner: _____ Date: _____
 Property Name: _____
 Property Address: _____
 Property Manager: _____

MOVE-OUTS (From Mar 1 through Feb 28) Since Last Annual Report					
Unit Address	Names of All Occupants	Complex Employee (Y/N)	Unit Size	Date of Move-Out	Date Available for Rental



**BELOW MARKET RATE
RENTAL HOUSING PROGRAM
ANNUAL REPORT ON THE STATUS OF
RENTAL UNITS AND BMR RENTERS**

Owner: _____ **Date:** _____

Property Name: _____

Property Address: _____

Property Manager: _____

VACANT UNITS (From Mar 1 through Feb 28) Since Last Annual Report			
Unit Address	Unit Size	Date Vacancy Began	Date Unit Occupied



**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.

Verifiable Documentation (Attached –Mark with a Check (√) If not applicable, enter N/A (Not Applicable)	Lessee	Co-Lessee
I. INCOME		
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		
II. ASSETS		
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): _____

ATTACHMENT 6

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				
TOTALS	\$	\$	\$	\$

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				
TOTALS	\$	\$	\$	\$

Tenant Name(s): _____

ATTACHMENT 6

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.

ASSETS: LIQUID ASSETS READILY AVAILABLE (does not include 401, 457, IRA and other retirement accounts)			
1. Cash held in Savings and Checking Accounts			
a. Savings – Institution (s)	Account No.	Amount	
			\$
b. Checking – Institution(s)	Account No.	Amount	
			\$
c. Other Cash on Hand		Amount	
			\$
2. Cash Value of Revocable Trusts: Amount:			\$
3. Cash Value of Stocks (including Options)/Bonds			
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)			\$
TOTAL OF LIQUID ASSETS READILY AVAILABLE			\$

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



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

APPLICATION FOR BMR WAIT LIST

The information provided on this form will be utilized to determine 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 Application 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

II. PRIORITY PREFERENCE POINTS

DO NOT CHECK IF NO VERIFIABLE DOCUMENTATION IS AVAILABLE.

_____ Live or Work in Sunnyvale

PRIORITY PREFERENCE DOCUMENTATION

Preference Category	Accepted Supporting Documentation
Reside in Sunnyvale	<ul style="list-style-type: none"> • Copies of current and past leases, residential telephone bills for land • Signed tax returns • Written statement from landlord or property manager indicating length of time at that address
Work in Sunnyvale	<ul style="list-style-type: none"> • Copies of paycheck(s) • IRS or 1099s • Employment Verification from HR

III. CERTIFICATIONS OF APPLICANT(S)

I/We understand that:

- _____ A. 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 points for the City of Sunnyvale Below Market Rate Rental Program; otherwise this information is confidential.
- _____ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting a BMR Unit.
- _____ C. hat if any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

- _____ D. That the information provided in this application to the BMR Rental Wait List is true and correct.
- _____ E. That the combined household income is below the maximum household income.
- _____ F. That I/We will occupy the BMR Rental unit as my/our primary residence.
- _____ G. That I/We meet that U.S. Citizenship or Legal Residency requirements.

Executed the _____, day of _____, 20____ in the City of Sunnyvale, California.

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



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"/>

ATTACHMENT 8

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: _____ () Own () Rent () # Years at this address	PRESENT ADDRESS Street: _____ City, Zip: _____ () Own () Rent () # Years at this address		
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN THREE (3) YEARS, LIST ALL PREVIOUS ADDRESS:			
FORMER ADDRESS	RESIDENCY		OWN / RENT
	Begin	End	
	-		() 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>
	/	
	/	
	/	

ATTACHMENT 8

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	

ATTACHMENT 8

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 Applicant (A) Co-applicant (CA) Household Member 18 years of age and older (HM)						
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 Please Describe						
A	C	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
TOTAL OF ALL SOURCES LISTED ABOVE:						\$

ATTACHMENT 8

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:

ATTACHMENT 8

_____ Personal Check Number: _____ _____ Cashier's Check Number: _____

**CITY OF SUNNYVALE BELOW MARKET RATE HOUSING PROGRAM
PROPERTY MANAGER/OWNERS CERTIFICATION OF RECEIPT OF BMR ADMINISTRATIVE
PROCEDURES**

The undersigned certify receipt of the Administrative Procedures for the City of Sunnyvale Below Market Rate Rental Housing Program, and that they have read the Administrative Procedures and understand their responsibility as the property manager/owner and agree to comply with the requirements of the Program described in the Procedures.

Signature of Owner Printed Name

Date

Signature of Co-Owner Printed Name

Date

WARNING: Falsifying information on this certification is a felony. The City will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.



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

CERTIFICATION OF NO EXISTING WAIT LIST

The undersigned, _____
(Property Manager or Authorized Representative)

hereby certifies the following:

- a) A BMR Unit _____ became vacant on _____.
(Apartment/Unit #) (Date)
b) There are currently no applicants on the BMR Wait List who live or work in Sunnyvale that are interested or available for the above mentioned unit.
c) The BMR unit was offered to _____, who does not live or work in Sunnyvale. However, the total household income and total household assets fall within the Sunnyvale BMR eligibility limits.

Complete Property Address _____

Property Manager or Authorized Representative (Signature) _____

Date _____

Print Name _____

Phone _____

Approved:

Name and Title, City of Sunnyvale _____

Date _____

Print Name _____

Phone _____



Below Market Rate (BMR) – Rental Housing Program
456 W. Olive Avenue, Sunnyvale, CA 94086
408-730-7250 Fax: 408-737-4906

**CITY APPROVAL OF LEASING A BMR UNIT
TO A PROPERTY OWNER/MANAGER EMPLOYEE**

The undersigned hereby approves the rental of:

a) A BMR Unit _____ became vacant
(Complex Name /Unit #)
on _____.
(Date)

b) It was offered to _____, who is an employee of the
(Employee Name)
property owner or manager. City staff reviewed Form R-3 with documentation to confirm his/her household's eligibility for a BMR unit.

c) Leasing this unit will result in _____ percent of the BMR units at the property occupied by property owner/manager employees. This meets the BMR Rental Program requirement that no more than 25% of the total BMR units at the property may be leased to owner/manager employees.

Complete Property Address

Suzanne Isé, Housing Officer (Signature)

Date

**City of Sunnyvale
Income Verification Calculation**

ATTACHMENT 12

Applicant _____	Prepared by: _____
Co-Applicant _____	Date: _____
Address: _____	
Apartment Complex _____	Unit # _____

**INCOME DOCUMENTATION AND VERIFICATION
APPLICANT/LESSEE**

TYPE	YEAR and AMOUNT	PAY STUB/ MISC INC CALCULATION	CALCULATED ANNUAL AMOUNT	NOTES
W-2 TAX RETURN	_____			
	PAY PERIOD			
PAY STUB #1	_____			
PAY STUB #2	_____			
PAY STUB #3	_____			Min. 3 most recent
	PAY STUB TOTAL	\$ -		
AVERAGE (TOTAL OF PAY STUB DIVIDED 3)		\$ -		
AVERAGE X _____ PAY PERIODS (12, 24, 26, 52, etc)			\$ -	
ADD MISCELLANEOUS INCOME			\$ -	
FREQUENCY OF MISCELLANEOUS INCOME	_____			
ADD MISCELLANEOUS INCOME			\$ -	
FREQUENCY OF MISCELLANEOUS INCOME	_____			
TOTAL LESSEE GROSS ANNUAL INCOME			\$ -	

**INCOME DOCUMENTATION AND VERIFICATION
CO-APPLICANT/CO-LESSEE- _____**

TYPE	YEAR and AMOUNT	PAY STUB/ MISC INC CALCULATION	CALCULATED ANNUAL AMOUNT	NOTES
W-2 TAX RETURN	_____			
	PAY PERIOD			
PAY STUB #1	_____			
PAY STUB #2	_____			
PAY STUB #3	_____			Min. 3 most recent
	PAY STUB TOTAL	\$ -		
AVERAGE (TOTAL OF PAY STUB DIVIDED 3)		\$ -		
AVERAGE X _____ PAY PERIODS (12, 24, 26, 52, etc)			\$ -	
ADD MISCELLANEOUS INCOME			\$ -	
FREQUENCY OF MISCELLANEOUS INCOME	_____			
ADD MISCELLANEOUS INCOME			\$ -	
FREQUENCY OF MISCELLANEOUS INCOME	_____			
TOTAL CO-LESSEE ANNUAL GROSS INCOME			\$ -	

TOTAL HOUSEHOLD ANNUAL INCOME _____

TOTAL HOUSEHOLD RESIDENTS _____

CITY INCOME LIMIT PER THE NUMBER OF HOUSEHOLD _____

BMR QUALIFIED Yes _____ No _____

INITIAL CERTIFICATION: _____ **RE-CERTIFICATION:** _____

(Date) (Date)

APPROVED BY: _____ **TITLE:** _____



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

**BMR QUARTERLY WAIT LIST CERTIFICATION
BY BMR RENTAL PROPERTY OWNERS**

TO: City of Sunnyvale Housing Division
Attn: BMR Program Administration
456 West Olive Avenue
Sunnyvale, CA 94086-3707

RE: Property Name: _____
Property Address: _____

The Owner hereby certifies the following under penalty of perjury under the laws of the State of California:

The information contained in the attached BMR Rental Property Annual Certification of BMR Wait List Administration is true, accurate and correct as of the date hereof, and that the attached BMR Wait List Log meets the eligibility criteria established by the City of Sunnyvale. The management of the Wait List is in accordance with the Program Priority Preference Points as established in the City's BMR Resident Selection Plan.

In Witness Whereof, the undersigned has signed this report as of _____, day of _____, 20____.

Name of Ownership Entity: _____

By: _____
Signature

Print Name and Title

Address

City, State & Zip

Phone

E-Mail Address

Attachment: BMR Wait List Log



COMPLEX NAME: _____
 COMPLETED BY: _____
 TITLE: _____
 NUMBER OF PAGES SUBMITTED: _____

BELOW MARKET RATE RENTAL HOUSING PROGRAM

456 W. Olive Street, Sunnyvale, CA 94086
 Phone: 408-730-7456 Fax: 408-737-4906

BMR - WAIT LIST LOG

Date of Application	Name of Applicant	Complex Employee (Y/N)	Preference Point (Maximum 1)	H/H Size	# of BD	H/H Annual Income	Home Phone Number	Cell Phone Number	Date Contacted & Comments /By