



**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