



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