



Sunnyvale

# City of Sunnyvale

Affordable Housing Rental  
Program Guidelines

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# City of Sunnyvale Affordable Housing Rental Program Rental Guidelines

These Affordable Housing Rental Program Guidelines “Guidelines” apply to all Affordable Rental Housing Units, subject to Sunnyvale Municipal Code (SMC) Chapter 19.77, Inclusionary Below Market Rate Rental Housing, California State Density Bonus Law, a developer agreement that incorporates these Guidelines by reference or a separate agreement negotiated between the City of Sunnyvale and a Developer for a development with Affordable Housing Units. These Guidelines and other relevant information, including income limits and rents, may be amended and updated from time to time. Unless otherwise stated in these Guidelines, the rules and regulations apply to all types of Affordable Rental Units. Please refer to the City’s website [sunnyvale.ca.gov](http://sunnyvale.ca.gov) to obtain the most current version of these Guidelines.

## A. Definitions

1. **Affordable Rental Unit (ARU):** A Below Market Rate or Density Bonus Unit as described in these Guidelines.
2. **Area Median Income (AMI):** The median household income in Santa Clara County as determined periodically by the State of California pursuant to California Code of Regulations, Title 25, Section 6932 (or successor provision), or as otherwise established by the City pursuant to Chapter 19.77.
3. **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.
4. **Below Market Rate (BMR) Units:** Units subject to the City’s Inclusionary Zoning Ordinance, SMC Chapter’s 19.69 and 19.77.
5. **Density Bonus Unit:** Units subject to the California State Density Bonus Law.
6. **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* housekeeping unit in a residential dwelling unit, 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].
7. **Gross Household Income:** The gross (pre-tax) amount of income of all adult household members that is anticipated to be received during the coming 12-month period, as further defined in Code of Federal Regulations Title 24, Part 5 (the “Part 5 method”). The Part 5 definition of gross household income is based on a list of income and asset inclusions and exclusions used to determine gross annual income. Program staff will follow the most current edition of the “Technical Guide for Determining Income and Allowances for the HOME Program” (currently the Third Edition, January 2005), published by HUD, to determine Applicant(s) income eligibility for the First-Time Home Buyer Program. This publication is available for review at City Hall.
  - a. **Extremely Low Income Household:** A household with an annual income no greater than thirty percent (30%) of the AMI for the number of people in the household and based on the latest available eligibility limits established annually by HUD.
  - b. **Very Low Income Household:** A household with an annual income no greater than fifty percent (50%) of the AMI, based on the latest available eligibility limits established by HUD.

- c. **Low Income Household:** A household with an annual income between fifty percent (51%) and no greater than eighty percent (80%) of the AMI for the number of people in the household and based on the latest available eligibility limits established annually by HUD.
  - d. **Moderate Income Household:** A Household with an annual income between eighty percent (81%) and one hundred twenty percent (120%) of the AMI for the number of people in the household and based on the latest available eligibility limits established annually by HUD.
8. **Household:** All person(s) who occupy a housing unit or all members of an independent family who are a formed household as evidenced by an applicant(s) tax returns or who intend on occupying the BMR unit together. A Household may be an individual, group of individuals or a single family living alone or renting a room(s) in a dwelling unit. For the purposes of determining eligibility and establishing income and assets, all occupants of the independent family who live together and/or who will be occupying the BMR unit will be considered.
  9. **Living in Sunnyvale:** Renting and occupying, at the time of application, a bona fide rental dwelling unit within the Sunnyvale city limits, as evidenced by valid third-party documentation. Please note: multiple third-party documents may be requested. A list of valid third-party documentation can be found Section C of these Guidelines.
  10. **Working in Sunnyvale:** Earning one's primary source of annual income (salary, wages, commissions) through employment by a Sunnyvale employer licensed and permitted by the City, at a primary work-site in Sunnyvale; or through operation of a Sunnyvale-based business that is licensed and permitted by the City. Working in Sunnyvale does NOT include volunteer or unpaid work, or self-employment consisting solely of operating a business entity established solely for the purposes of investment in a rental property, providing "gig" services to Sunnyvale residents/employers or providing other services to Sunnyvale residents, such as a self-employed home healthcare worker. Income earned in Sunnyvale must be verified by your paycheck stubs, tax returns, and/or other documentation described in the application forms.

## B. Determining Eligibility

The City of Sunnyvale Affordable Rental Housing Program provides rental housing opportunities to low or very low-income households meeting the following requirements:

### 1. Live/Work

Those who live or work in Sunnyvale shall receive priority to rent an Affordable Housing Rental unit. Documentation to support a priority can be found in Section C-2 of these Guidelines.

Applicant(s) who do not live or work in Sunnyvale can rent an Affordable Rental unit only if there are no priority Applicant(s) on the Affordable Housing Rental Program Waiting List. Prior to leasing an Affordable Rental unit to a non-priority Applicant(s), the Property Manager must request and receive approval from City Housing Staff. Approval is requested by providing City Housing Staff with a completed Certification of No Priority/Existing Affordable Housing Program Waiting List Form and a copy of the most recent Affordable Housing Program Affordable Housing Program Waiting List Log.

## 2. Income Limits

1. All BMR units shall be rented to households with incomes at or below 80% of AMI or the income limit as outlined in the Developer Agreement recorded on the development.
2. All Density Bonus units shall be initially rented at rent levels specified in the Affordable Housing Agreements. Generally, very low-income units should be rented at incomes under 50% AMI, low income units rented at incomes under 80% AMI and moderate income units rented at incomes under 120% AMI.
- 3.

For either unit designation, it is the **gross** combined annual income of all household members 18 years of age or older when determining eligibility. An Affordable Rental Unit may not be rented to a household that is, upon initial lease or up annual recertification, determined to be above the income limits as provided in Exhibit A and by program designation.

## 3. Assets

Total household assets are capped at \$50,000 (excluding IRS-recognized retirement accounts or IRS-recognized college savings plans). It is the income earned – e.g. interest on a savings account – not the asset value, which is counted towards annual income.

An asset's cash value is the market value less reasonable expenses required to convert the asset to cash. Reasonable expenses may 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. Application Process

### 1. Apply to Affordable Housing Rental Program Waiting List

The City maintains a list of properties required to provide Affordable Housing Rental units. Eligible Applicant(s) may contact any or all the properties participating in the Program and apply by submitting an Affordable Housing Rental Program Waiting List Application to be placed on the properties' Affordable Housing Rental Program Waiting List. Applications may be rejected by the Property Manager if they are incomplete or are missing required supporting documentation, such as documentation to prove your priority for the Program.

Please Note: Any Applicant(s) who has been deemed to have intentionally made false statements or misrepresented the facts, when applying for the Waiting List, upon initial lease up or at recertification, will be permanently barred from participating in the City's Housing Program in the future.

### 2. Determining Priority

Applicant(s) are considered a priority if they live **or** work in Sunnyvale at the time of application submittal to the Affordable Housing Rental Program Waiting List. To maintain their priority, Applicant(s) must continue to either live or work in Sunnyvale until they lease an Affordable Rental unit.

To obtain the priority, Applicant(s) **must include** documentation to support the priority when submitting their Affordable Housing Rental Programs Waiting List Application to the designated

property. If an Applicant(s) cannot provide the required documentation when submitting their application, Property Managers **shall not** give the Applicant(s) the priority.

The following are examples of the type of documentation that the City will consider as verifiable proof.

Preference	Documentation (One of the following must be submitted)
Live in Sunnyvale	<ul style="list-style-type: none"> <li>• Copies of current lease or a residential utility bill with a Sunnyvale address in the Applicant(s) name;</li> <li>• The Applicant(s) signed tax returns filed with a Sunnyvale address;</li> <li>• A written statement from the Applicant(s) current landlord, verifying residency in Sunnyvale; or</li> <li>• California Driver's License or Identification Card showing the property address listed.</li> </ul>
Work in Sunnyvale	<ul style="list-style-type: none"> <li>• Copies of the Applicant(s) paycheck stubs showing the employers location is within the Sunnyvale city limits;</li> <li>• The Applicant(s) IRS W-2s or 1099 forms showing the employers location is within the Sunnyvale city limits; or</li> <li>• Employment verification letter/form from Human Resources showing a location within the Sunnyvale city limits.</li> </ul>

**3. Determining Household Composition**

A household is comprised of one or more persons who may or may not be related. Proof of a particular household is required and must be submitted as part of the BMR Application to Rent process. When a unit is offered for rent, a household will be required to provide a current lease agreement, executed by all parties, listing all lessee's and occupants residing in the household. Absent a current lease agreement, a letter from the current owner stating all lessees and occupants of the household can be substituted.

All adults over the age of 18 must be listed as a lessee. Every person who is on the lease (a tenant), 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 parent for at least 50% of the time. Unborn children (pregnancies) are not counted until birth.

**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 when determining the specific number of bedrooms in the unit each household will be eligible to rent. The maximum number of people in the unit is two per bedroom plus one. Households may be considered for unit sizes according to the following occupancy standards:

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

Generally, two household members of the same gender may share a bedroom (children, siblings, unrelated or related adults, etc.) but those of opposite gender will qualify for separate bedrooms. Couples of any kind, married, unmarried, domestic partner or whatever the relationship status is, are expected to share a bedroom. Children are not required to share a bedroom with an adult. Children of the same gender with an age difference of three or more years may qualify for their own bedroom, or may share, depending on the size of homes available and the Applicant(s) preferences. Due to the limited availability of Affordable Rental units, Applicant(s) shall be allocated the smallest size unit available that is appropriate for their household size and/or composition, as listed above.

Applicant(s) with special needs may request an exception (“reasonable accommodation”) to these standards if needed to accommodate a disability or the need for a live-in aide. Such requests for an exception shall be made first to the Property Manager, and if not granted, may be appealed to the City for a final determination. Applicant(s) will be responsible for paying the applicable rent for the requested unit size and may have to wait until a unit of that size becomes available.

If an Applicant(s) is offered a smaller unit, but that smaller unit still meets the minimal household size standards as stated above (for example a single parent with two children is offered a one-bedroom unit and accepts the unit, but wants to have an opportunity to rent a larger Affordable Rental unit when one becomes available), they must submit a new Affordable Housing Rental Programs Waiting List Application and will be placed at the bottom of the current Affordable Housing Rental Program Waiting List.

**5. Annual Tenant Recertification for Eligibility to the Affordable Housing Rental Program Waiting List**

At the Property Manager’s discretion, he or she **may** request, **in writing, by mail/e-mail** that Affordable Housing Program Waiting List Applicant(s) recertify their eligibility for the Program by submitting a Recertification of Affordable Housing Rental Program Waiting List Form. The purpose of the recertification is to determine if the Applicant(s) and their household is still eligible and interested in renting an Affordable Rental unit. If the form is not returned within 30 days, the Property Manager must attempt to contact the Applicant(s) by phone **and** by email to verify their continued interest in the Program and remaining on the Affordable Housing Rental Program Waiting List.

It is the Applicant(s) responsibility to update the Property Manager when there are changes to their current mailing address, email address, telephone contact information, employer, household composition, or any increase/decrease in income that may affect the Applicant(s) eligibility to remain on the Affordable Housing Rental Program Waiting List.

## D. Renting an Affordable Rental Unit

### 1. Availability of an Affordable Housing Unit

When an Affordable Housing unit becomes available, the Property Manager will contact priority Applicant(s) on the Affordable Housing Rental Program Waiting List by date of placement on the list. If an Applicant(s) is not interested, the next prospective renter on the Affordable Housing Rental Program Waiting List will be contacted until the unit is rented. Units must be offered to Applicant(s) by date of placement on the Affordable Housing Rental Program Waiting List.

Prior to leasing an Affordable Housing unit to a non-priority Applicant(s), the Property Manager must request **and** receive approval from City Housing Staff. Approval is requested by providing City Housing Staff with a completed Certification of No Priority/Existing Affordable Housing Rental Program Waiting List Form and a copy of the most recent Affordable Housing Rental Program Waiting List Log showing the attempts that were made to all priority Applicant(s).

After offering an Applicant(s) an opportunity to rent three different units, the Applicant(s) is to be removed from the Affordable Housing Rental Program Waiting List if they refuse all three Affordable Housing units offered to them. It is the Property Manager's responsibility to use the Affordable Housing Rental Program Waiting List Log to document all attempts to offer an Affordable Housing unit to a prospective renter.

If after being notified of the availability of an Affordable Housing unit by a Property Manager, an Applicant(s) is interested in renting the unit, the Applicant(s) must submit a complete Application to Rent an Affordable Housing Unit and all required documentation to support program eligibility to the leasing office, in addition to the property's standard rental application within the timeframe specified by the Property Manager.

Employees and/or family members of the property owner and/or Property Manager are not eligible to rent an Affordable Rental Unit in any property owned by their employer.

### 2. Documenting Eligibility

#### Gross Annual Income

To ensure that income is within the program eligibility limits for each Program, staff has provided Property Managers with an Income Verification Calculation Form that **must** be completed and maintained in the tenant file.

The gross annual income of all household members 18 years of age or older is considered when determining eligibility. The source of income and supporting documentation required is listed below:

Source of Income	Documentation
Wages, Salaries, Tips, Commissions, etc.	Copies of three most recent pay stubs or other verification of employment/payment receipt
Business	Two prior years' tax returns with all attachments. Self-employed Applicant(s) must also provide verification of income

	by a CPA, including certified copies of profit/loss statement and financial statement for the most recent year
Interest and dividend	Copies of 2 recent statements
Retirement and Insurance	Documentation to verify the amount of retirement and/or insurance income received each month
Unemployment & Disability	Documentation to verify the amount of unemployment or disability insurance income received each month
Welfare Assistance	Documentation to verify the amount of welfare assistance received each month
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 and income

### Assets

Total household assets are limited to \$50,000 (excluding IRS-recognized retirement accounts or IRS-recognized college savings plans).

An asset's cash value is the market value less reasonable expenses required to convert the asset to cash. Reasonable expenses may 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.

The following are the 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 showing all deposits, interest earned and balances. All non-direct deposits must be identified on the statements with supporting documentation to show why the deposit is being made.
Stocks, including Options	Copy statement(s) of current value; 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.
Life Insurance	Copy of Policy and two most recent statements
Gift	Gift Letter
Personal Loan	Letter or loan agreement
Other	Third party documentation to verify the amount of the asset

### 3. Rent Limits

The Maximum Rents are published on the City's website. The rents in effect at the time the Affordable Rental Unit is leased is the Maximum Rent allowed to be charged. Maximum rents are adjusted annually following the publication of the income limits by the California Department of Housing and Community Development. The formula used to determine maximum rents for BMR units can be found in SMC Chapter 's 19.69, 19.77 and for DB units, in the Regulatory Agreement recorded against the property.

The Maximum Rents shall not exceed a price affordable to the specific income limit of the unit, and based on a housing cost of 30% of monthly gross household income for the unit's assumed household size. The percentage of AMI used to establish Maximum Rents shall be 60% for low income units, and 50% for very low-income units; except that the director may adjust the percentage within a range to address major shifts in prevailing market rate rents for comparable dwellings or other related economic conditions affecting the demand for rental housing.

If a Regulatory Agreement between City and Developer, executed prior to construction, requires that Maximum Rents include utility allowance, said allowance will be calculated using the Santa Clara County Utility Allowance amounts and will be included in the Maximum Rent amount published on the City's website for that particular development. City staff will also notify each property of the requirement to include a utility allowance.

Occupants are responsible for the payment of rent on a timely basis. Any dispute between the occupant and Property Manager 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.

#### **4. Completion of Leasing Documents**

Once the Applicant(s) has been determined to be eligible to rent an Affordable Rental unit, they are responsible for completing the standard leasing forms as required by the Property Manager. It is the responsibility of the Property Manager to ensure that all leasing forms are completed, and that all Affordable Housing Forms and supporting documents have been received and are filed in the tenant file.

Renter(s) must be offered an initial lease term of 12 months; however, leases may be renewed for terms of less than 12 months at the tenant's request.

#### **5. Completing the Affordable Housing Lease Addendum**

The Property Manager shall complete an Affordable Housing Program Lease Addendum and attach it to the initial and subsequent leases. The addendum provides an overview of the requirements of the Affordable Housing Rental Program requirements and states the current market rate rent, should the tenant fail to comply with program requirements.

#### **6. Conflict of Interest**

Rental of an Affordable Housing unit to employees, family members or any other party related to the Property Manager is prohibited.

### **E. Affordable Rental Unit Occupancy**

#### **1. Changes in Occupancy**

The Property Manager shall ensure that the primary tenant(s) occupies the unit during the term of the lease. Subletting or substitution of occupants is **not** permitted. If the original primary tenant(s) fail to occupy the Affordable Rental unit for a period of 30 or more days the term of the lease, the lease shall automatically terminate and the Property Manager may notify all other occupants to vacate the unit with a written notice as required under state law.

## 2. Adding an Occupant to the Household

If the primary tenant(s) wishes to add a new occupants to the household, he/she must first notify the Property Manager of the intent to add a new occupant to the household. The Property Manager may agree to add the additional occupant(s) to the lease as a tenant; however, all occupants must first complete new Application to Rent an Affordable Housing Unit so that the entire household's eligibility (including all new occupant(s) 18 years of age or older) can be re-evaluated to determine the proposed new household's eligibility for the specific Affordable Housing Program they are participating in. If deemed eligible, the Property Manager must also have the entire household complete a new Affordable Housing Lease Addendum for Additional Occupants to add the new occupant to the lease. At no time may the occupancy of the Affordable Housing Unit exceed the maximum household size as described in Section C4.

If the proposed new household's combined income/assets exceed the program specific income/asset limits, the Property Manager shall not approve the addition of the new occupant. The primary tenant(s) may then choose whether to remain in the Affordable Rental unit without the new occupant or give notice to vacate the unit (subject to any applicable penalties for early lease termination).

If the primary tenant(s) allows any guest to remain in the Affordable Rental unit for a period of ten consecutive days or longer, the Property Manager may require the primary tenant(s) to submit an application to add the guest to the lease, following the process described above, or may require the guest(s) to vacate the unit in accordance with the lease terms, property rules or other leasing policies.

## 3. Annual Recertification of Eligibility

The primary tenant(s) must continue to occupy the unit for the duration of the lease. At least once per year, 60 to 90-days prior to the anniversary of the primary tenant(s) move-in date, the Property Manager shall re-certify the tenant(s) eligibility using the Annual Tenant Recertification Application to Rent and Affordable Housing Unit. **It is the Property Manager's responsibility to ensure that all forms are completed and that all supporting documentation has been received prior to recertifying the tenant(s) eligibility.**

As a reminder, each new lease must contain an updated Affordable Housing Lease Addendum.

### **Failure to Complete Recertification Process:**

If the primary tenant(s) fails to provide the completed Annual Tenant Recertification Application to Rent and Affordable Housing Unit and supporting documentation to the Property Manager within the due date specified, property management may terminate the lease and/or raise the rent to market rate. The Property Manager shall provide a 30-day notice advising that the tenant(s) no longer qualify for the Affordable Housing Rental Program for failure to submit the required recertification documentation. If the tenant(s) wishes to remain in the unit at market rate rent, it is the Property Managers' responsibility to notify the City that the unit has converted to market and identify a replacement Affordable Rental unit for City approval. If the Property Manager is unable to provide a comparable Affordable Rental unit immediately, then the tenant(s) will be required to vacate the Affordable Rental unit at the end of the applicable notice period.

### **Increased Annual Income/Assets:**

If it has been determined that a tenant(s) income or assets have exceeded the Affordable Housing Rental Program eligibility limits, the Property Manager shall give the tenant(s) 30-day written

notification advising that they no longer qualify for the Affordable Housing Rental Program due to ineligibility.

## **F. Property Manager Responsibilities and Requirements**

The Property Manager is required to administer the Affordable Housing Rental Programs in accordance with SMC Chapter's 19.69, 19.77, any Regulatory Agreement recorded on the property, the approved/recorded Conditions of Approval, granted when the project was entitled and these Guidelines, which may be amended from time-to-time. Any additional fees or charges assessed to BMR households not in accordance with any of the requirements referenced in this Section shall be required to be refunded to the BMR household. City Housing staff is available to assist Property Managers in this process and provide information concerning implementation of these Guidelines.

### **1. Conditions of Project Approval**

In addition to complying with all applicable City, County, State and Federal Statutes, Codes, Ordinances, Resolutions and Regulations, it is each properties responsibility to comply with the Approved Conditions set forth for the permit that was issued and recoded against the property, including parking, storage, use of onsite amenities, etc. A copy of the approved Conditions of Approval can be obtained from the Department of Community Development of the City of Sunnyvale.

### **2. Development Agreement**

Specific requirements applicable to each property, such as term of restrictions, original Affordable Rental unit locations, and affordability levels are set forth in each recorded Developer Agreement or for State Density Bonus Units, the recorded Regulatory Agreement.

### **3. Affordable Housing Program Waiting List Maintenance**

It is the Property Manager's responsibility to maintain the Affordable Housing Rental Program Wait List Log. At the properties discretion, a hand-written or electronic Affordable Housing Rental Program Waiting List log may be utilized.

The Affordable Housing Program Wait List is not allowed to be closed, regardless of size. To maintain a current Affordable Housing Program Waiting List, Property Managers may annually recertify Affordable Housing Program Waiting List Applicant(s) eligibility for the Program, see Section C-5

It is the Property Manager's responsibility to use the Affordable Housing Program Waiting List to document all attempts to offer an Affordable Rental unit to a prospective renter.

### **4. Marketing**

Properties shall market Affordable Rental units in the same manner as market rate units, allow prospective tenants to view the Affordable Rental Units (if vacant or a like-unit if the actual unit is not vacant), floor plans, disclosure documents, and any other relevant materials, as may be available. Property Manager shall provide the same general quality of customer service to Affordable Housing Applicant(s) as provided to market rate tenants and shall display information about the availability of the Affordable Housing Rental Program in the management office and/or on the property website.

**5. Adjustments to Rents**

Maximum Rents for Affordable Rental units, regardless of type of Program/Income Limit, may not be adjusted more than once per year, generally upon lease renewal. The Maximum Rents may not exceed the Maximum Rent limits in effect at the time the lease is renewed, except as explained in Section D-3.

**6. Program Documents**

It is the Property Manager's responsibility to ensure that the Affordable Rental Programs Wait List Application and documentation to support the priority is received before adding the Applicant(s) to the Affordable Housing Program Wait List log. Additionally, if an Affordable Rental Unit is rented, it is the Property Manager's responsibility to ensure that the Application to Rent an Affordable Housing Unit and all supporting documentation is received before leasing the Affordable Rental unit.

**7. Responsibility for Annual Recertification of Eligibility**

It is the Property Manager's responsibility to ensure that all forms are completed and that all supporting documentation has been received prior to initial lease up and when recertifying the tenant(s) eligibility. Including any application, supporting documentation, addendums and certifications.

**8. Property Manager Certifications**

Prior to initial occupancy and/or upon any change in ownership, the property owner(s), managing partner(s), and Property Manager(s) (if different) and/or any other successors in interest to the property will certify receipt of these Guidelines and provide a statement of intent to manage the Affordable Rental units in accordance with these Guidelines and applicable City Codes.

**9. Substitution of Affordable Rental Units**

If the location of an Affordable Rental unit is changed, it is the Property Manager's responsibility to notify the City, in writing, of the request to change the location of the Affordable Rental unit. The City may approve or disapprove such change in location within 30 days of receipt of such notice.

**10. Technical Assistance**

The City provides technical assistance to Property Managers administering any Affordable Housing Program upon request and will may periodic workshops for new or interested property management staff.

**11. Annual Reports**

Annually the Property Manager shall provide an Annual Report to the City on the status of each Affordable Rental unit. A date range for the annual reporting data will be provided by City Housing staff when contacting each property.

**12. City Audits and Monitoring**

The City will conduct annual field audits at each rental property to verify compliance with these Guidelines. The Property Manger shall provide access to the Affordable Rental unit tenant file within ten (10) business days of notice to the Property Manager, or sooner if possible.

**13. 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.

**14. Retention of Records**

Property Manager shall securely retain records of all tenant(s), participating in any Affordable Housing Program, for a minimum of 3 years after the tenant(s) has vacated the unit.

**15. Changes in Management and/or Ownership**

Property Manager shall report transfers of ownership management companies/agents and/or on-site managers to the City's Housing Division within 30 days of change in ownership or management.

**16. Expiration of Program Restrictions - Tenant Notification**

One-year prior to the expiration of the Program Restrictions, Property Managers must notify all existing tenant(s), participating in the Affordable Housing Programs, in writing, that the complex will no longer be required to provide Affordable Rental units. The term of all existing leases must be honored by the complex even if the term extends beyond the expiration of the restrictions. Any new tenant(s) who begin renting an Affordable Rental unit with restrictions expiring within 12-months must be notified, in writing, prior to leasing the unit that the restrictions are ending. A copy of the notice shall be placed in the tenant file.

**17. Program Guidelines and Forms**

These Program Guidelines, Forms and other relevant information, including income limits and rents, may be amended and updated from time to time. The most current version of these Program Guidelines and all forms are available online at our website [www.sunnyvale.ca.gov](http://www.sunnyvale.ca.gov).

**Exhibits:**

- A. Current Income Limits
- B. Affordable Housing Rental Program Wait List Log
- C. Affordable Housing Rental Programs Wait List Application
- D. Recertification - Affordable Housing Rental Programs Waiting List Application
- E. Certification of No Priority/Existing Affordable Housing Rental Program Waiting List
- F. Application to Rent an Affordable Housing Unit
- G. Affordable Housing Program Lease Addendum
- H. Affordable Housing Program Lease Addendum for Additional Occupants
- I. Annual Tenant Recertification Application to Rent an Affordable Housing Unit
- J. Annual Certification of Occupancy by Affordable Housing Tenant(s)
- K. Annual Report
- L. Current Tenants Log
- M. Move-Out Log
- N. Vacant Unit Log
- O. Move-In Log



Sunnyvale

**AFFORDABLE HOUSING RENTAL PROGRAM**

456 W. Olive Ave., Sunnyvale, CA 94086  
Phone: 408-730-7250 Fax: 408-737-4906

COMPLEX NAME: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

NUMBER OF PAGES SUBMITTED: \_\_\_\_\_

**WAIT LIST LOG**

Date	Name of Applicant	Priority - Live or Work	H/H Size	# of Bedrooms	Annual Income	Phone Number	Email Address	Date Contacted & Comments



Sunnyvale

**AFFORDABLE HOUSING  
RENTAL PROGRAM**

456 W. Olive Ave.  
Sunnyvale, CA 94086  
408-730-7250 Fax: 408-737-4906

**SUBMIT THIS FORM AND REQUIRED ATTACHMENTS DIRECTLY TO THE AFFORDABLE  
HOUSING APARTMENT COMPLEX THAT YOU ARE INTERESTED IN.**

The information you provide on this form will be utilized to determine your place on the Affordable Housing Rental Program Waiting List to rent an affordable housing unit. Please complete the form, attach the required documentation listed in the application, and **submit it directly to the apartment complex you are interested in. Please note, the City of Sunnyvale does not maintain a waiting list for any apartment complex.** Each property manager maintains a separate Affordable Housing Rental Program Waiting List and will determine the applicant's eligibility to rent a unit.

**Property Address:** \_\_\_\_\_

**Unit Size Desired: Number of Bedrooms** \_\_\_\_\_

**Waiting List Application Date:** \_\_\_\_\_

**I. APPLICANT(S) CONTACT INFORMATION**

---

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Total Number of Household Members: \_\_\_\_\_ Total Household Annual Income \$ \_\_\_\_\_

Total Number in Household with Employment or other Income: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Employer(s): \_\_\_\_\_

**II. PRIORITY PREFERENCE POINTS**

**Do not check below if no third-party documentation of your local employment or residency is available.**

I wish to apply for priority preference. I live or work in Sunnyvale.

**PRIORITY PREFERENCE DOCUMENTATION (Must include with Application)**

Preference Category	Accepted Supporting Documentation
Reside in Sunnyvale	<ul style="list-style-type: none"> <li>• Copies of current leases, residential telephone, PG&amp;E or water bill with Sunnyvale Address, in Applicant’s name</li> <li>• Signed tax returns</li> <li>• California Driver’s License or Identification Card</li> </ul>
Work in Sunnyvale	<ul style="list-style-type: none"> <li>• Copies of paycheck(s), Employment Verification Letter from HR Dept.</li> <li>• Complete <b>signed</b> copy of Tax Returns including W-2’s and 1099’s</li> </ul>

**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 for the City of Sunnyvale Below Market Rate Rental Program; otherwise this information is confidential.
- \_\_\_\_\_ B. Verifiable documentation supporting the statements made herein is required prior to renting an Affordable Housing Rental Unit.
- \_\_\_\_\_ C. If there are any false statements, or misrepresentations made on this application, I/We will relinquish all rights to participate in any City of Sunnyvale Housing Program.

I/We certify the following:

- \_\_\_\_\_ D. That the information provided in this application is true and correct, and complete to the best of my knowledge. I have not knowingly omitted any pertinent information.
- \_\_\_\_\_ E. That the combined household income is below the maximum household income limit for my household size.
- \_\_\_\_\_ F. That I/We will occupy the Affordable Housing Rental Unit as my/our primary residence.

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	



**AFFORDABLE HOUSING  
RENTAL PROGRAM**  
456 W. Olive Ave.  
Sunnyvale, CA 94086  
408-730-7250 Fax: 408-737-4906

**SUBMIT THIS RECERTIFICATION FORM AND REQUIRED ATTACHMENTS DIRECTLY TO THE  
AFFORDABLE HOUSING RENTAL UNIT APARTMENT COMPLEX.**

The information you provide on this form will be utilized to determine your continued eligibility on the Affordable Housing Rental Program Waiting List to rent an Affordable Housing Rental Unit. Please complete the form, attach the required documentation listed in the application, and submit it directly to the apartment complex. **Please note, the City of Sunnyvale does not maintain a waiting list for any apartment complex.**

**Property Address:** \_\_\_\_\_

**Unit Size Desired: Number of Bedrooms** \_\_\_\_\_

**Recertification of Waiting List Application Date:** \_\_\_\_\_

**I. APPLICANT(S) CONTACT INFORMATION**

---

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Total Number of Household Members: \_\_\_\_\_ Total Household Annual Income \$ \_\_\_\_\_

Total Number in Household with Employment or other Income: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Employer(s): \_\_\_\_\_

**II. PRIORITY PREFERENCE POINTS**

**Do not check below if no third-party documentation of your local employment or residency is available.**

I wish to apply for priority preference. I live or work in Sunnyvale.

**PRIORITY PREFERENCE DOCUMENTATION (Must include with Application)**

Preference Category	Accepted Supporting Documentation
Reside in Sunnyvale	<ul style="list-style-type: none"> <li>• Copies of current leases, residential telephone, PG&amp;E or water bill with Sunnyvale Address, in Applicant’s name</li> <li>• Signed tax returns</li> <li>• California Driver’s License or Identification Card</li> </ul>
Work in Sunnyvale	<ul style="list-style-type: none"> <li>• Copies of paycheck(s), Employment Verification Letter from HR Dept.</li> <li>• Complete <b>signed</b> copy of Tax Returns including W-2’s and 1099’s</li> </ul>

**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 for the City of Sunnyvale Below Market Rate Rental Program; otherwise this information is confidential.
- \_\_\_\_\_ B. Verifiable documentation supporting the statements made herein is required prior to renting an Affordable Housing Rental Unit.
- \_\_\_\_\_ C. If there are any false statements, or misrepresentations made on this application, I/We will relinquish all rights to participate in the City’s Housing Programs.

I/We certify the following:

- \_\_\_\_\_ D. That the information provided in this application is true and correct, and complete to the best of my knowledge. I have not knowingly omitted any pertinent information.
- \_\_\_\_\_ E. That the combined household income is below the maximum household income limit for my household size.
- \_\_\_\_\_ F. That I/We will occupy the Affordable Housing Rental Unit as my/our primary residence.

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	



**AFFORDABLE HOUSING  
RENTAL PROGRAM**  
456 W. Olive Ave.  
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408-730-7250 Fax: 408-737-4906

## CERTIFICATION OF NO PRIORITY/EXISTING WAIT LIST

The undersigned, \_\_\_\_\_  
(Property Manager or Authorized Representative)

hereby certifies the following:

- a) An Affordable Housing Unit No. \_\_\_\_\_ became vacant on \_\_\_\_\_.  
(Apt./Unit #) (Date)
- b) There are currently no Priority Applicants on the Affordable Housing Rental Program Waiting List that are interested or available for the above mentioned unit.
- c) The Affordable Housing 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 Affordable Housing Rental Program eligibility limits.

\_\_\_\_\_  
Complex Name

\_\_\_\_\_  
Complete Property Address

\_\_\_\_\_  
Property Manager or Authorized Representative (*Signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

### Approved:

\_\_\_\_\_  
Name and Title for City of Sunnyvale

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

**Include a copy of your current Affordable Housing Program Wait List log with this form.**



Date: \_\_\_\_\_

## APPLICATION TO RENT AN AFFORDABLE HOUSING UNIT

Completed applications should be returned to the following apartment complex:

Apartment Complex: \_\_\_\_\_

Apartment Complex Address: \_\_\_\_\_

### 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
<b>INCOME</b>			
➤ Last TWO (2) complete Tax Returns with pg 2 <b>signed &amp; dated</b> by all applicants. Attach all Schedules and W-2s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Copies of the last <b>THREE (3)</b> 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 <b>THREE (3)</b> 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"/>
<b>ASSETS</b>			
➤ Checking Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Savings Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Mutual Fund/Money Market Fund: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Certificates of Deposit (COD): <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Stocks: Copy of Certificates of Proof of Purchase <b>AND</b> current statement <b>AND</b> 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		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>
	/	
	/	
	/	
	/	

#### 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	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

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		\$
RETIREMENT 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"/>			\$	
CASH VALUE OF STOCKS/BONDS/ UTUAL 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"/>			\$	
CASH ON HAND						
A	CA	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
OTHER TYPES OF ASSETS - <i>Please Describe</i>						
A	C	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<b>TOTAL OF ALL SOURCES LISTED ABOVE:</b>						\$

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		<b>I/WE UNDERSTAND THAT</b>
			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 ANY CITY’S HOUSING PROGRAM.
			THE INFORMATION PROVIDED IN THIS “APPLICATION TO RENT AN AFFORDABLE HOUSING UNIT IS TRUE AND CORRECT.
			THE COMBINED HOUSEHOLD INCOME IS BELOW THE MAXIMUM HOUSEHOLD INCOME FOR MY/OUR HOUSEHOLD SIZE.
			I/WE WILL OCCUPY THE AFFORDABLE HOUSING UNIT PRIMARY RESIDENCE.

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

---

**City of Sunnyvale  
Affordable Housing Program  
Income Verification Calculation**

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

**INCOME DOCUMENTATION AND VERIFICATION**

**APPLICANT/LESSEE NAME (Complete for each applicant):** \_\_\_\_\_

TYPE	YEAR /AMOUNT	YEAR /AMOUNT
W-2	_____	_____
TAX RETURN	_____	_____
	<b>PAY PERIOD</b>	
PAY STUB #1	_____	
PAY STUB #2	_____	
PAY STUB #3	_____	
PAY STUB #4	_____	
PAY STUB #5	_____	
PAY STUB #6	_____	
PAY STUB #7	_____	

**TOTAL of ALL PAY STUBS:** \_\_\_\_\_

AVERAGE of PAY STUBS (TOTAL OF PAY STUB DIVIDED BY THE NUMBER OF PAYSTUBS)	\$ _____
AVERAGE X _____ PAY PERIODS (12, 24, 26, 52, etc)	\$ _____
ADD MISCELLANEOUS INCOME	\$ _____
FREQUENCY OF MISCELLANEOUS INCOME _____	
ADD MISCELLANEOUS INCOME	\$ _____
FREQUENCY OF MISCELLANEOUS INCOME _____	
<b>TOTAL LESSEE GROSS ANNUAL INCOME</b>	<b>\$ _____</b>

**APPROVED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_



**AFFORDABLE HOUSING  
RENTAL PROGRAM**  
456 W. Olive Ave.  
Sunnyvale, CA 94086  
408-730-7250 Fax: 408-737-4906

## **AFFORDABLE HOUSING PROGRAM LEASE ADDENDUM**

Property Name: \_\_\_\_\_

In accordance with the City of Sunnyvale's Affordable Housing Rental Program Guidelines, this addendum is an attachment to the Lease Agreement dated \_\_\_\_\_, between \_\_\_\_\_ (Lessor) and \_\_\_\_\_ (Lessee)

for the unit designated at: \_\_\_\_\_  
Property Name/Full Residential Address of Affordable Housing Unit

### **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 Affordable Housing Unit:
  - a) Must be continuously occupied by the primary Affordable Housing Unit tenant(s) signing this Lease Addendum;
  - b) Annually, tenant(s) shall complete and provide to the property owner/manager the Annual Certification of Occupancy and Income by Affordable Housing Tenant confirming that the tenant continues to occupy the unit on a full time continuous basis;
  - c) Failure to complete and provide the Annual Certification of Occupancy and Income by Affordable Housing Tenant within sixty (60) days of a written request from the property 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 4 of this addendum shall apply.
3. All tenant(s) are required to live in the unit as their permanent residence. Failure to reside in the affordable housing unit for 30 or more days during the lease will result in automatic termination and the property manager may notify all other occupants to vacate the unit with a written notice as required under state law.

4. If the primary lessee(s) wishes to add one or more new occupants to the lease, he/she must first notify the property manager of the intent to add a new occupant to the lease. Failure to do so will result in automatic termination of the lease.
5. 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 an affordable housing rental unit. If the tenant's household no longer meets the eligibility criteria for occupancy of an affordable housing rental unit, because of increased income or other factors, 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 4 of this addendum shall apply.
6. If the tenant fails to comply with any Sections above, the property owner/manager may terminate the lease or may immediately designate another comparable unit as an affordable housing unit to be leased and convert this unit to market rate. 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



**AFFORDABLE HOUSING  
RENTAL PROGRAM**  
456 W. Olive Ave.  
Sunnyvale, CA 94086  
408-730-7456 Fax: 408-737-4906

## **AFFORDABLE HOUSING PROGRAM LEASE ADDENDUM 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 \_\_\_\_\_ and \_\_\_\_\_  
(Lessor) (Lessee)

for the unit designated as an Affordable Housing Unit, located at: \_\_\_\_\_.  
Property Name/Full Residential Address of Unit

### **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 unit must be continuously occupied by the original lessee, all individuals listed on the original lease and the new lessee.
3. When the original certified 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 any Sections above, the property owner/manager may terminate the lease or may immediately designate another comparable unit as an Affordable Housing Unit to be leased and convert this unit to market rate. 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

\_\_\_\_\_  
*Added Lessee (Signature)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Property Manager's Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Property Manager's Printed Name*



Date: \_\_\_\_\_

## ANNUAL TENANT RECERTIFICATION APPLICATION TO RENT AN AFFORDABLE HOUSING UNIT

Apartment Complex: \_\_\_\_\_

Apartment Complex Address: \_\_\_\_\_

### 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
<b>INCOME</b>			
➤ Prior years complete Tax Returns with pg 2 <b>signed &amp; dated</b> by all applicants. Attach all Schedules and W-2s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Copies of the last <b>THREE (3)</b> 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 <b>THREE (3)</b> 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"/>
<b>ASSETS</b>			
➤ Checking Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Savings Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Mutual Fund/Money Market Fund: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Certificates of Deposit (COD): <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Stocks: Copy of Certificates of Proof of Purchase <b>AND</b> current statement <b>AND</b> 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		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>
	/	
	/	
	/	
	/	

#### 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	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

<b>ASSETS READILY AVAILABLE</b> 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		\$
<b>RETIREMENT ACCOUNTS</b>						
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"/>			\$	
<b>CASH VALUE OF STOCKS/BONDS/ UTUAL FUNDS/MONEY MARKET ACCOUNTS</b>						
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"/>			\$	
<b>CASH ON HAND</b>						
A	CA	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<b>OTHER TYPES OF ASSETS - Please Describe</b>						
A	C	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<b>TOTAL OF ALL SOURCES LISTED ABOVE:</b>						\$

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			<b>I/WE UNDERSTAND THAT</b>
				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 ANY OF THE CITY HOUSING PROGRAMS.
				THE INFORMATION PROVIDED IS TRUE AND CORRECT.
				THE COMBINED HOUSEHOLD INCOME IS BELOW THE MAXIMUM HOUSEHOLD INCOME FOR MY/OUR HOUSEHOLD SIZE.
				I/WE WILL OCCUPY THE AFFORDABLE HOUSING RENTAL UNIT AS PRIMARY RESIDENCE.

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



Sunnyvale

**AFFORDABLE HOUSING  
RENTAL PROGRAM**  
456 W. Olive Ave.  
Sunnyvale, CA 94086  
408-730-7250 Fax: 408-737-4906

## **ANNUAL CERTIFICATION OF OCCUPANCY BY AFFORDABLE HOUSING TENANT(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 Affordable Housing Unit located at:

\_\_\_\_\_  
Complete Address and Apartment/Unit #

By signing below, I/we certify that the unit is **my/our** principal residence and that **I/we** have occupied the unit on this basis continuously.

\_\_\_\_\_  
Lessee (*Signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Co-Lessee (*Signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

### **Additional Household Members Listed in the Lease Agreement of the above Affordable Housing Unit**

\_\_\_\_\_  
Co-Lessee (*Signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Co-Lessee (*Signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone



Sunnyvale

**AFFORDABLE HOUSING  
RENTAL PROGRAM**

456 W. Olive Ave.  
Sunnyvale, CA 94086  
408-730-7250 Fax: 408-737-4906

**ANNUAL REPORT - From March 1 (prior year) through  
February 28 (current year)**

TO: City of Sunnyvale Housing Division  
Attn: Affordable Housing Manager  
456 West Olive Avenue  
Sunnyvale, CA 94086-3707

RE: Property Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

The Owner hereby certifies the information contained in the attached Affordable Housing Rental Property Annual Report is true, accurate and correct as of the date hereof. The tenants who lease the Affordable Housing 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:**

1. Copy of the current Affordable Housing Wait List
2. Current Rent Roll for the Affordable Housing Units
3. Current Tenants
4. Move-Outs'
5. Move-In's
6. Vacant Units
7. Copies of Annual Certification Occupancy by Affordable Housing Tenant(s) for all tenants who have lived at the property more than 12 months.







