



Applicant

Co-Applicant

Phone

Phone

Email

Housing Division

Homebuyer Program

Eligibility Application and Instructions

To apply for the City of Sunnyvale's homebuyer programs, applicants must complete this Eligibility Application, provide all applicable documentation, and submit a non-refundable \$75 check or money order.

Refer to the **Below Market Rate (BMR) Home Ownership Program Guidelines** for all requirements, restrictions and eligibility criteria.

All information provided to establish eligibility for the BMR Home Ownership Program can and will be used for monitoring, auditing, and establishing compliance with the BMR Program Requirements; otherwise, this information is confidential.

All household members over the age of 18 years are considered **co-applicants** and must be listed as co-applicants on the application **and** meet all eligibility requirements of the BMR program. Include additional pages as needed.

Email Housing staff at housing@Sunnyvale.ca.gov, to get instructions on how to submit your application electronically directly to a folder that only you can access. **Do not email your application or any document with personal information.**

To submit:

- ✓ Gather all applicable documentation listed in the checklist on pages 2 and 3 of this Eligibility Application.
- ✓ Upload all forms and documents only to the link provided by Housing staff. **Do not email your application.**
- ✓ Mail the \$75 non-refundable check or money order made payable to "City of Sunnyvale" to: *City of Sunnyvale, Attn: Housing BMR Program, PO Box 3707, Sunnyvale, CA 94088-3707.*

BMR ELIGIBILITY APPLICATION CHECKLIST
Documentation Checklist Required of Each Adult Household Members.

INCOME		
Income 1	<p>Paystubs for the last THREE (3) consecutive months with year-to-date gross income (may be required to submit additional copies depending on pay structure). Pay stubs should cover 90 calendar days, which can mean 3 pay stubs, if paid monthly; 6 pay stubs, if paid twice per month; or 7 pay stubs, if paid every other week, or up to 14 if paid weekly.</p> <p>REQUIRED: <i>If self-employed you must provide year-to-date Profit and Loss Statement prepared and signed by a CPA on their letterhead or other 3rd party Accounting Firm.</i></p>	<input type="checkbox"/>
Income 2	<p>Signed Verification of Employment Form – Completed and signed by all applicants and employers. Be advised that City Staff does not place phone calls to obtain Employment Verification, as this must be completed by the applicant. Fill out the Employment Verification Form.</p> <p>REQUIRED: <i>If one or more applicants do not work, then provide signed Affidavit of Zero Income Forms and a completed Verification of Employment Form from last employer is required.</i></p>	<input type="checkbox"/>
Income 3	<p>Last THREE (3) complete Tax Returns with page 2 signed & dated by applicants. Include all Schedules. <i>Submit W-2's separately from Tax Returns.</i></p>	<input type="checkbox"/>
Income 4	<p>Affidavit of Zero Income (Must be filled out by any adult that does not receive income.) Fill out the Affidavit of Zero Income Form.</p>	<input type="checkbox"/>
Income 5	Pension / VA / Retirement / Annuity Verification Statement	<input type="checkbox"/>
Income 6	Disability / Social Security / Unemployment Annual Award Statement/Letter.	<input type="checkbox"/>
Income 7	Dividends and Interest: Last THREE (3) statements (all pages).	<input type="checkbox"/>
Income 8	Recurring Contributions / Spousal / Child Support – Provide supportable documentation and/or Final Divorce Decree.	<input type="checkbox"/>

ASSETS		
Asset 1	<p>All Checking Accounts: Last SIX (6) months (include all pages). REQUIRED: <i>All deposits on statements must be identified and explained.</i> Fill out the Explanation of Deposits Form.</p>	<input type="checkbox"/>
Asset 2	<p>All Savings Accounts: Last SIX (6) months (include all pages). REQUIRED: <i>All deposits on statements must be identified and explained.</i> Fill out the Explanation of Deposits Form.</p>	<input type="checkbox"/>
Asset 3	<p>Mutual Funds / Money Market Funds / Certificates of Deposit (CD): Last THREE (3) statements (include all pages).</p>	<input type="checkbox"/>
Asset 4	<p>Stocks: Copy of Certificate of Proof of Purchase, current statement, and documentation of current value.</p>	<input type="checkbox"/>

Asset 5	Bonds: Provide list of Bonds with amount and serial #.	<input type="checkbox"/>
Asset 6	Real Estate Property / Mobile Home: Loan statement, letter from licensed broker or bank estimating market value, dated within SIX (6) months of application submittal.	<input type="checkbox"/>
Asset 7	Profit Sharing Plan / IRA / 401K / PERS / TSP or other retirement accounts: Last TWO (2) statements (all pages).	<input type="checkbox"/>

OTHER REQUIRED DOCUMENTATION		
Other 1	Pre-Qualification Letter from a Qualified Participating Lender issued to Head of Household/Co-Applicants. <i>NOTE: Letter to show total financing sources and down payment amounts.</i>	<input type="checkbox"/>
Other 2	Driver's License or California ID for all applicants.	<input type="checkbox"/>
Other 3	Current Lease Agreement showing all occupants' names. <i>NOTE: Must provide letter from landlord listing all tenants if Lease is Month-to-Month.</i>	<input type="checkbox"/>
Other 4	PG&E statement, page 1, if live in Sunnyvale.	<input type="checkbox"/>
Other 5	Completed BMR Disclosures Acknowledgement Form.	<input type="checkbox"/>
Other 6	HUD-Certified Homebuyer Education Workshop Certificate for all applicants (Or provide receipt for scheduled 8-hour class (online or in-person) within 30 days of application date).	<input type="checkbox"/>
Other 7	Credit Report with FICO Score for all applicants (no more than 30 days old).	<input type="checkbox"/>
Other 8	Gift Letter: If needed, provide signed gift letter and bank statement showing proof of funds from person gifting.	<input type="checkbox"/>
CITIZENSHIP – Provide one (1) for each household member		
Citizenship 1	Copy of United States Birth Certificate	<input type="checkbox"/>
Citizenship 2	Copy of Naturalization Certificate or Valid United States Passport	<input type="checkbox"/>
Citizenship 3	United States Permanent Resident Card (Green Card) or USCIS Form I-551 or I-151	<input type="checkbox"/>

ADDITIONAL FORMS:

AUTHORIZATION TO RELEASE INFORMATION

All household member(s) over the age of 18 must **sign the Authorization to Release Information form.**

REQUEST FOR TRANSCRIPT OF TAX RETURN – FORM 4506-T

All household member(s) over the age of 18 must **complete the Request for Transcript of Tax Return. (ONLY fill-in boxes 1 through 4, and sign.)**

I. APPLICANT INFORMATION

APPLICANT							
NAME: Last, First MI		CONTACT PHONE:					
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse:							
DATE OF BIRTH (mm/dd/yyyy):		SOCIAL SECURITY NUMBER:					
California Driver's License or ID #:							
EMAIL:							
PRESENT ADDRESS							
Street:		City, Zip:					
<input type="checkbox"/> Own <input type="checkbox"/> Rent How many years or months have you lived at this address?							
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN THREE (3) YEARS, LIST PREVIOUS ADDRESS:							
FORMER ADDRESS		RESIDENCY Begin End		OWN / RENT			
		-		<input type="checkbox"/> Own <input type="checkbox"/> Rent			
		-		<input type="checkbox"/> Own <input type="checkbox"/> Rent			
		-		<input type="checkbox"/> Own <input type="checkbox"/> Rent			
APPLICANT EMPLOYMENT							
If not employed, provide source of income:			Provide additional employment or sources of income you have:				
Name and Address of Employer <input type="checkbox"/> Self Employed			Name and Address of Employer <input type="checkbox"/> 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): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other			Income from this source is received (select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other				

II. HOUSEHOLD COMPOSITION

HOUSEHOLD SIZE: _____

LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME:

NAME	Date of Birth / Gender	RELATIONSHIP
	/	<i>Applicant - Self</i>
	/	<i>Co-Applicant #1</i>
	/	
	/	
	/	
	/	
	/	
	/	

NOTE: PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18. ATTACH ADDITIONAL PAGES AS NECESSARY.

CO-APPLICANT #1 <input type="checkbox"/> Check here if claimed as dependent on the Federal Income Tax Return of Applicant	
NAME: Last, First MI	CONTACT PHONE:
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse:	
DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
RELATIONSHIP TO APPLICANT:	CA DRIVERS LICENSE # or ID:
EMAIL:	
PRESENT ADDRESS	
Street:	City, Zip:
<input type="checkbox"/> Own <input type="checkbox"/> Rent How many years or months have you lived at this address?	

CO-APPLICANT #1 EMPLOYMENT			
If not employed provide name & address of previous employer & date employed:		Provide additional employment and/or sources of income you have:	
Name and Address of Employer <input type="checkbox"/> Self Employed		Name and Address of Employer <input type="checkbox"/> 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): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other		Income from this source is received (select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other	

CO-APPLICANT #2		<input type="checkbox"/> Check here if claimed as dependent on the Federal Income Tax Return of Applicant	
NAME: Last, First MI		CONTACT PHONE:	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse:			
DATE OF BIRTH (mm/dd/yyyy):		SOCIAL SECURITY NUMBER:	
RELATIONSHIP TO APPLICANT:		CA DRIVERS LICENSE # or ID:	
EMAIL:			
PRESENT ADDRESS			
Street:		City, Zip:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent How many years or months have you lived at this address?			

CO-APPLICANT #2 EMPLOYMENT			
If not employed provide name & address of previous employer & date employed:		Provide additional employment and/or sources of income you have:	
Name and Address of Employer <input type="checkbox"/> Self Employed		Name and Address of Employer <input type="checkbox"/> 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): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other		Income from this source is received (select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other	

CO-APPLICANT #3 <input type="checkbox"/> <i>Check here if claimed as dependent on the Federal Income Tax Return of Applicant</i>	
NAME: <i>Last, First MI</i>	CONTACT PHONE:
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <i>If Married, name of spouse:</i>	
DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
RELATIONSHIP TO APPLICANT:	
EMAIL:	
PRESENT ADDRESS	
Street:	City, Zip:
<input type="checkbox"/> Own <input type="checkbox"/> Rent How many years or months have you lived at this address?	

CO-APPLICANT #3 EMPLOYMENT			
If not employed provide name & address of previous employer & date employed:		Provide additional employment and/or sources of income you have:	
Name and Address of Employer <input type="checkbox"/> Self Employed		Name and Address of Employer <input type="checkbox"/> 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): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other		Income from this source is received (select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other	

ATTACH ADDITIONAL PAGES IF NEEDED

III. INCOME AND ASSETS

LIST THE **GROSS ANNUAL INCOME** OF ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER.
ATTACH ADDITIONAL PAGES AS NEEDED.

INCOME SOURCE	APPLICANT	CO-APPLICANT #1	CO-APPLICANT #2	CO-APPLICANT #3	TOTAL
Wages, Salaries, Tips, etc.	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$	\$
Alimony, Child Support & Regular Gift Income	\$	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$	\$
Other (i.e. regular monthly support from a non-household member)	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$

LIST THE **CASH VALUE OF ASSETS** FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER.
ATTACH ADDITIONAL PAGES AS NEEDED.

Applicant/Co-applicant Name	Name of Bank	Type	Account #: (Last 4 digits only)	Ending Balance
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$

CASH VALUE OF REVOCABLE TRUST	<i>Enter cash value of all Revocable Trusts:</i>	\$
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CASH VALUE OF STOCKS/STOCK OPTIONS/BONDS			
Applicant/Co-applicant Name	Name of Institution(s)	Account #: (Last 4 digits only)	Value
			\$
			\$
			\$
			\$
			\$

CASH VALUE OF MUTUAL FUNDS/MONEY MARKET/RETIREMENT ACCOUNTS			
Applicant/Co-applicant Name	Name of Institution(s)	Account #: (Last 4 digits only)	Value
			\$
			\$
EQUITY IN COMMERCIAL, INDUSTRIAL, OR REAL PROPERTY:			\$
LUMP SUM OR ONE-TIME RECEIPTS:			\$
OTHER PERSONAL ASSETS WITH VALUE GREATER THAN \$5,000:			\$
GIFT LETTER AMOUNT - <i>Attach Letter and bank statement of proof of funds:</i>			\$
RETIREMENT FUNDS AMOUNT TO BE USED – <i>Attach withdraw process paperwork showing total amount allowed to be withdrawn and terms of the amount of repayment:</i>			\$

CASH ON HAND / OTHER <i>Please Describe</i>		
Applicant/Co-applicant Name		Value
		\$
		\$
Total of ALL asset sources listed:		\$

IV. DOWN PAYMENT

HOW MUCH OF YOUR ASSETS WILL BE USED FOR DOWN PAYMENT? \$ _____

V. LIABILITIES AND HOUSEHOLD EXPENSES (Include installments, auto, and credit card payments)

Include additional pages as needed.

APPLICANT/CO- APPLICANT NAME	CREDITOR NAME Acct # (last 4-digits):	TYPE OF ACCOUNT	MONTHLY PAYMENT	BALANCE DUE
		Credit Card / Auto	\$ _____ # Pmts: ____	\$
		Credit Card / Auto	\$ _____ # Pmts: ____	\$
		Credit Card / Auto	\$ _____ # Pmts: ____	\$
		Credit Card / Auto	\$ _____ # Pmts: ____	\$

List additional liabilities and other regular expenses including but not limited to alimony, child support, judgments, childcare, union dues, student loans, car loans, rent, or medical expenses on behalf of dependents.

OTHER EXPENSES	MONTHLY PAYMENT
<i>Student Loans</i>	\$
<i>Other (installment loans)</i>	\$
	\$
	\$
	\$

PLEASE ANSWER THE FOLLOWING QUESTIONS	
Have you or any member of your household ever filed for bankruptcy (Chapter 7 or Chapter 13)? <i>If yes, please state the year of discharge</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any outstanding judgments against you or any member of your household?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your household been foreclosed on in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your household owned real property at any time during the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

You are not required to furnish the following information but are encouraged to do so. For race, you may check more than one designation.

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

Initials required by all household members over the age of 18:

I/WE UNDERSTAND THAT:

___/___/___/___ All information provided will be used to determine eligibility for the City of Sunnyvale homebuyer programs, and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing **my/our** eligibility for the City of Sunnyvale's affordable housing programs; otherwise this information is confidential.

___/___/___/___ If **my/ our** application contains false statements, false or falsified documentation, or misrepresentations, **I/we** understand we will be ineligible for the City of Sunnyvale's affordable housing programs.

___/___/___/___ If **I/we** obtain assistance for the City of Sunnyvale's affordable housing programs, **I/we** will be required to **certify** at least annually that **I/we** comply with program requirements and that the City of Sunnyvale will be continuously auditing and monitoring **my/our** compliance with the program.

I/WE CERTIFY THE FOLLOWING:

___/___/___/___ That **I/we** have provided true, accurate and verifiable documentation to support the statements made herein prior to **receive** assistance from the City of Sunnyvale for the purchase of a home and that the information provided in this eligibility application is true and correct.

___/___/___/___ That **my/our** combined household income and assets are below the maximum household income for the program.

___/___/___/___ That **I/we** have funds needed for the down payment and closing costs.

___/___/___/___ That **I/we** will continuously occupy our home as primary residence for the duration of the Program loan term, or if receiving down payment assistance loan, until the loan is fully repaid.

___/___/___/___ That **I/we** understand the program requirements and restrictions.

___/___/___/___ That **I/we** understand that there are consequences for failure to comply with program requirements before, during, and after purchasing a unit with financial assistance from the City of Sunnyvale and **I/we** have been informed about those consequences.

READ BEFORE SIGNING

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal, State or Local funds.

I understand that the information on this form is subject to verification. Penalties for falsifying information may include denial to participate in the City of Sunnyvale's affordable housing programs, or if made evident after loan funding, immediate repayment of all funds received, sale of below market rate home, and/or prosecution under the law.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and was executed in _____ (City), California.

DATED: _____ APPLICANT _____

DATED: _____ CO-APPLICANT #1 _____

DATED: _____ CO-APPLICANT #2 _____

DATED: _____ CO-APPLICANT #3 _____

Attach additional pages as needed.

By signing above, I understand that in addition to all other required documentation listed on the application checklist, the following **must** be included with the completed application, or it will be deemed, *"Incomplete."* If the application is deemed *"Incomplete,"* you will be notified of the reason(s) why, and instructed to request a new link to resubmit your application 30-days from the date of notification.

- Completed and signed BMR Eligibility Application (all pages) with supporting documentation within the five (5) calendar day upload window
- Completed Explanation of Deposits Form for all checking/savings accounts
- Pre-Qualification Letter from a Qualified Participating Lender
- Completed Employment Verification Form(s)
- Completed BMR Disclosures Acknowledgement Form
- Proof of Citizenship for **all** household members
- Authorization to Release Information Form
- Request for Transcript of Tax Return – Form 4506-T