



AFFORDABLE RENTAL PROGRAMS

WAITING LIST APPLICATION FORM

Property Name: _____

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: _____ Email 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.

Third-party priority preference documentation

To receive the priority preference, you must include **ONE** of the documents listed below with this application.

Preference Category	Accepted Supporting Documentation
Reside in Sunnyvale	<ul style="list-style-type: none">• Copy of current lease agreement, residential telephone, PG&E or water bill with Sunnyvale Address and in applicant(s)'s name• Complete signed copy of Tax Returns including W-2's and 1099's
Work in Sunnyvale	<ul style="list-style-type: none">• Copies of paycheck(s), Employment Verification Letter from HR Dept.• Complete signed copy of Tax Returns including W-2's and 1099's

III. CERTIFICATIONS OF APPLICANT(S)

By initialing each of the following statements the applicant(s) acknowledge(s) that they have reviewed and certify understanding of each of the statements.

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 various City of Sunnyvale Affordable Housing Rental Programs; otherwise, this information is confidential.
- _____ B. Verifiable documentation supporting the statements made herein is required prior to renting a unit in an Affordable Housing Rental Program.
- _____ C. If there are any false statements, or misrepresentations made on this application, I/We will relinquish all rights to participate in the Affordable Housing Rental 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 Rental unit as my/our primary residence.

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

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

THIS FORM:

- Cannot be used to apply for subsidized housing.
- Must be provided to the property that you are applying to (listed on page 1).