CITY OF SUNNYVALE
AFFORDABLE RENTAL UNIT PROGRAM
456 W. Olive Avenue
Sunnyvale, CA 94086
(408) 730-7456 Fax: (408) 737-4906

APPLICATION FOR AFFORDABLE RENTAL UNIT WAIT LIST

The information provided on this form will be utilized to determine your place on the Wait List to rent an affordable rental unit. Please fill this out completely. Documentation will be required to support any priority preference.

Affordable Rental Unit Wait List Application Date: ______________________

I. APPLICANT(S) CONTACT INFORMATION

Applicant Name: ______________________________________________________
Co-Applicant Name: ____________________________________________________
Current Address: _______________________________________________________
Total Number of Household Members: _______ Total Household Annual Income: $ ___________

Home Phone Number: ________________ Work Phone Number: _________________

Cell Phone Number: ________________ E-Mail Address: ________________________

Name of Employer & Address: ____________________________________________________________________________________

II. PRIORITY PREFERENCE POINTS

DO NOT CHECK IF NO VERIFIABLE DOCUMENTATION IS AVAILABLE.

_____ Live or Work in Sunnyvale

PRIORITY PREFERENCE DOCUMENTATION (Must include with Application)

<table>
<thead>
<tr>
<th>Preference Category</th>
<th>Accepted Supporting Documentation</th>
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| Reside in Sunnyvale       | • Copies of current leases, residential telephone bills  
                          • Signed tax returns  
                          • Written statement from property manager indicating length of time at that address                                                                 |
| Work in Sunnyvale         | • 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)

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 can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority for the City of Sunnyvale Affordable Rental Units Program; otherwise this information is confidential.

_____ _____ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting an affordable rental unit.

_____ _____ C. If any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the Affordable Rental Units Program.

I/We certify the following:

_____ _____ D. That the information provided in this application to the Affordable Housing Units Program Wait List is true and correct.

_____ _____ E. That the combined household income is below the maximum household income.

_____ _____ F. That I/We will occupy the affordable housing unit as my/our primary residence.

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

_________________________________  ___________________________  ___________________________
  Applicant Signature                Date                                Co-Applicant Signature     Date

_________________________________  __________________________________
  Print Full Name                   Print Full Name

You are not required to provide this information

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<th>1. Ethnicity</th>
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