



RENTAL HOUSING APPLICATION FORM - AFFORDABLE MARKET UNITS

It is important that you complete ALL sections of the application form. The information requested here will assist you and will be treated with strict confidentiality.

1. APPLICANT INFORMATION:

NAME: (A) _____ PHONE: _____
(home) (cell) (other)

NAME: (B) _____ PHONE: _____
(home) (cell) (other)

EMAIL: _____; Please check the box if you agree to receiving electronic documents & communication regarding your application.

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

2. ACCOMMODATION REQUIRED & PREFERENCES:

PREFERRED REGION: Nanaimo Victoria

Victoria region preferences: Esquimalt/Vic West Colwood/Langford Saanich

Fernwood/Fairfield/James Bay Gorge-Tillicum

Building preferences, if any? (Please note that units offered for viewing are subject to availability and eligibility).

1) _____ 2) _____ 3) _____

Number of bedrooms required: _____

Do you have any special requirements? If yes, please summarize:

Do you have pets? Yes No If yes, how many / species (please specify): _____

Do you require parking? Yes No If yes, how many vehicles do you have? _____

PLEASE NOTE: All of Pacifica Housing's Buildings are non-smoking.

3. HOUSEHOLD INFORMATION: Please list yourself on the first line and then all those who will live with you.

| FULL NAMES (surname first) | BIRTH DATE | AGE | PRONOUNS (she/he/they) | RELATIONSHIP TO APPLICANT |
|-------------------------------|------------|-----|---------------------------|------------------------------|
| | | | | APPLICANT |
| | | | | |
| | | | | |
| | | | | |

4. RESIDENCY HISTORY: Please list your addresses for the past 2 years.*

| ADDRESS | FROM (DATE) | TO (DATE) | LANDLORD'S NAME | LANDLORD'S PHONE NUMBER |
|---------|-------------|-----------|-----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*As part of the application process, you may also be asked for character references.

CURRENT ACCOMMODATION:

What is your current monthly rent or mortgage payment? \$ _____

House Apartment Number of bedrooms _____

INCOME ELIGIBILITY BRACKETS: Annual gross household income required to qualify. 2025/26 levels:

VICTORIA REGION

| Unit type | Must be above | Must be below |
|-----------|---------------|---------------|
| Studio | \$50,000 | \$90,560 |
| 1 Bedroom | \$50,000 | \$90,560 |
| 2 Bedroom | \$65,000 | \$146,270 |
| 3 Bedroom | \$82,000 | \$146,270 |
| 4 Bedroom | \$95,500 | \$146,270 |

NANAIMO REGION

| Unit type | Must be above | Must be below |
|-----------|---------------|---------------|
| Studio | \$44,000 | \$90,560 |
| 1 Bedroom | \$44,000 | \$90,560 |
| 2 Bedroom | \$56,000 | \$146,270 |
| 3 Bedroom | \$63,500 | \$146,270 |
| 4 Bedroom | \$74,000 | \$146,270 |

5. INCOME INFORMATION:

Required to establish Low & Moderate Income Limit eligibility.

Proof of income must be provided for the Applicant(s) as well as all adult household members identified in this Application (anyone age 19 or older). **Please attach the following:**

- **Notice of Assessment for current year** from Canada Revenue Agency. (CRA) for all occupants 19 years and older (if you do not have this document, contact CCRA at 1-800-959-8281 to request it) Attached
 - **If employed**, copies of three current consecutive pay stubs which show your gross income and deductions. Please provide **employment reference:** Attached
 Not applicable
- _____ Start date with current employer _____ Company Name _____ Contact Name _____ Phone Number
- **If self-employed**, copy of Statement of Business Activities and Income Tax Return Attached **Attached**
 - **If other income** (example: EI, pensions, Ministry benefits), please explain: Not applicable
- _____

| NAME | INCOME SOURCE (job, EI, pension etc..) | MONTHLY INCOME |
|------|--|----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | TOTAL HOUSEHOLD INCOME | \$ |

APPLICANT CHECKLIST:

- Complete application and sign Consent to Release Personal Information
- Attach copies of three current consecutive pay stubs (if applicable)
- Notice of Assessment
- Statement of business activities and Income Tax (if applicable)

We will not be able to process your application without all of the required information completed.

DECLARATION

Please read and sign this statement.

I/We certify that the information on this form is true, correct and complete in every respect to the best of my/our knowledge and can be verified by the Agency including obtaining credit and/or personal reports on me/us from one or more agencies or individuals.

I/We hereby authorize agencies or individuals to provide whatever information they have to the Agency relative to assessment of the application.

I/We understand this application does not constitute an agreement on the part of the Agency to provide me/us with rental housing.

Signed _____ Date _____

Signed _____ Date _____

Reviewed by _____ Date _____

This form collects personal information in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of determining your eligibility, assessing your housing needs and to determine the housing developments that suit your needs.

To apply for housing, please email your completed application, including all requested documents (see applicant checklist above) to:

residentservices@pacificahousing.ca

Completed housing applications can also be delivered to Pacifica Housing reception at:

827 Fisgard Street, Victoria, B.C. V8W 1R9

PLEASE NOTE: Applications expire after 6 Months. If you are deemed ineligible for the housing you applied for, your application and any documents you submitted will be securely destroyed after 6 months.