

1. APPLICANT INFORMATION:

P: 250-385-2131 F: 250-385-6776 www.pacificahousing.ca

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.

NAME: (A)		PHONE:				
NAME: (B)			(home)	(cell)	(othe	er)
NAME: (b)		_ THONE.	(home)	(cell)	(othe	er)
EMAIL:documents & communication			heck the bo	ox 🔲 if you ag	ree to red	ceiving electronic
ADDRESS:	ESS:CITY: _			POSTAL CODE:		
2. ACCOMMODATION	N REQUIRED & PREF	ERENCES:				
PREFERRED REGION:	Nanaimo	☐ Vio	ctoria			
Victoria region preferenc	es: Esquimalt/Vic W	Vest C	olwood/Lan	gford 🔲 Saar	nich	
	Fernwood/Fairfi	eld/James Ba	ay	Gorg	ge-Tillicur	n
Building preferences, if a	iny? (Please note that ur	nits offered fo	r viewing a	re subject to av	ailability a	and eligibility).
1)	2)		3)			
Number of bedrooms red	quired:					
Do you have any special	requirements? If yes, pl	ease summa	rize:			
Do you have pets?	Yes No If ye	s, how many	/ species (please specify):		
Do you require parking?	Yes No If ye	s, how many	vehicles do	you have?		
PLEASE NOTE: All of F	Pacifica Housing's Build	dings are no	n-smoking	J.		
3. HOUSEHOLD INFO	DRMATION: Please list	yourself on t	he first line	and then all tho	se who w	vill live with you.
FULL NAMES (surname first)	BIRTH DATE	AG	ìΕ	PRONOU (she/he/t		RELATIONSHIP TO APPLICANT
						APPLICANT

	I	FROM TO (DATE)		LANDLORD'S NA	LANDLORD'S PHONE NUMBER	
CURRENT ACC	OMMODATION:		*As part of the	application process, you	may also be asked fo	r character references
Vhat is your currer	nt monthly rent or	mortgage	payment? \$_			
House	Apartment	Number o	f bedrooms _			
NCOME ELIGIB	ILITY BRACKE	TS: Annua	al gross hous	ehold income required	to qualify. 2024 lev	els:
VICTORIA REGI	ON			NANAIMO REG	ION	
Unit type	Must be above	Must be	below	Unit type	Must be above	Must be below
Studio	\$50,000	\$84,	780	Studio	\$44,000	\$84,780
1 Bedroom	\$50,000	\$84,780		1 Bedroom	\$44,000	\$84,780
2 Bedroom	\$65,000	\$134,140		2 Bedroom	\$56,000	\$134,140
3 Bedroom	\$82,000	\$134,140		3 Bedroom	\$63,500	\$134,140
4 Bedroom	\$95,500	\$134,140		4 Bedroom	\$74,000	\$134,140
anyone age 19 or Notice of Assess	olish Low & Modust be provided for older). Please at	or the Appli tach the fo	cant(s) as we	g ibility. ell as all adult househol	ld members identific	ad in this Application
If employed, copleductions. Please	u do not have this of ies of three currer provide employr ent employer	nt consecument refer Company	ontact CCRA a tive pay stubs ence: Name	venue Agency. (CRA) for the transfer of the tr	est it) ss income and Phone Number	Attached Attached Not applicable
If employed, copleductions. Please Start date with curr If self-employed,	u do not have this coies of three current provide employr ent employer copy of Stateme	nt consecument refer Company nt of Busin	ontact CCRA at tive pay stubs ence: Name ess Activities	t 1-800-959-8281 to request which show your gross Contact Name and Income Tax Return	est it) ss income and Phone Number	Attached Attached
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If employed, copleductions. Please Start date with curres If self-employed, If other income (u do not have this coies of three current provide employr ent employer copy of Stateme	nt consecument refer Company nt of Busin	ontact CCRA at tive pay stubs ence: Name less Activities stry benefits),	t 1-800-959-8281 to request which show your gross Contact Name and Income Tax Return	est it) ss income and Phone Number an Attached	Attached Attached Not applicable Attached
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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 w	vill not be able to process your application without all of the required information completed.
DECLARATI	ON
Please read a	and sign this statement.
	at the information on this form is true, correct and complete in every respect to the best of my/our knowledge rified by the Agency including obtaining credit and/or personal reports on me/us from one or more agencies
I/We hereby a ment of the ap	uthorize agencies or individuals to provide whatever information they have to the Agency relative to assess- oplication.
I/We understa housing.	nd this application does not constitute an agreement on the part of the Agency to provide me/us with rental
Signed	Date
Signed	Date
Reviewed by_	Date
Privacy Act for	ects personal information in accordance with section 26(c) of the Freedom of Information and Protection of r the purposes of determining your eligibility, assessing your housing needs and to determine the housing that suit your needs.
applicant c	r housing, please email your completed application, including all requested documents (see hecklist above) to: ervices@pacificahousing.ca

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.

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

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