

## AFFORDABLE MARKET APPLICATION

Affordable housing buildings are governed by an operating agreement with BC Housing. As such, units must be filled in accordance with National Occupancy Standards and Housing Income Limits as a guideline to determine eligibility.

### NATIONAL OCCUPANCY STANDARD:

- a) No more than 2 and no fewer than 1 person per bedroom
- b) Spouses and couples share a bedroom
- c) Parents do not share a bedroom with their children
- d) Dependents aged 18 or over do not share a bedroom
- e) Dependents of the opposite sex age 5 or over do not share a bedroom

### A) APPLICANT INFORMATION

Last name		First name		Date of Birth MM/DD/YYYY	
Phone number			Email address		
Present Address				City	Postal Code
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How long	Reason for leaving		Current Rent
Previous Address				City	Postal Code
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How long	Reason for leaving		Current Rent

### CO-APPLICANT:

Last name		First name		Date of Birth MM/DD/YYYY	
Phone number			Email address		
Present Address				City	Postal Code
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How long	Reason for leaving		Current Rent
Previous Address				City	Postal Code
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How long	Reason for leaving		Current Rent



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**B) SUPPLEMENTARY INFORMATION - FIRST APPLICANT:**

Present Landlord's Name	Address	Phone number
Previous Landlord's Name	Address	Phone number
Employer	Position/Title	Length of time
Supervisor's Name	Supervisor's phone number	Monthly Income \$
Previous employer	Position/Title	Length of time
Supervisor's Name	Supervisor's phone number	Monthly Income \$
Vehicle Make and Model	Colour	License Plate
Personal Reference Name and Phone Number		

**CO-APPLICANT:**

Present Landlord's Name	Address	Phone number
Previous Landlord's Name	Address	Phone number
Employer	Position/Title	Length of time
Supervisor's Name	Supervisor's phone number	Monthly Income \$
Previous employer	Position/Title	Length of time
Supervisor's Name	Supervisor's phone number	Monthly Income \$
Vehicle Make and Model	Colour	License Plate
Personal Reference Name and Phone Number		



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**C) APPLICANT'S REQUIREMENTS AND OTHER DETAILS:**

Type of pets	Number of pets	Parking stall needed? (one per household \$50.00/month fee) <input type="checkbox"/> YES <input type="checkbox"/> NO
Accessible unit required? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have any of the applicants lived in a Pacifica Housing managed building and/or one operated by BC Housing? <input type="checkbox"/> YES <input type="checkbox"/> NO

**D) OTHER ADULT OCCUPANTS:**

Full names of all other adults (age 19 or older) to occupy this rental unit (please write additional names on a separate sheet)		
Last name	First name	Date of Birth MM/DD/YYYY
Last name	First name	Date of Birth MM/DD/YYYY

**E) OTHER MINOR OCCUPANTS:**

Full names of all others under age 19 to occupy this rental unit (please write additional names on a separate sheet)		
Last name	First name	Date of Birth MM/DD/YYYY
Last name	First name	Date of Birth MM/DD/YYYY

**F) CONSENT:** Please know that any information we are required to gather about your rental history will only be used for the purpose of creating and maintaining a tenancy in one of our buildings, should the tenancy be approved. In addition, the collection, use, and disclosure of this information, is only for the purpose of creating and maintaining a tenancy agreement, and allowing the Landlord to perform its duties which may include debt collection. This information may be shared with a third party for statistical purposes. The Applicant consents to let the Landlord obtain credit, personnel and employment information on the Applicant. If this application is accepted, the Applicant understands that information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

**G) APPLICANT'S SIGNATURE(S):**

I/We certify that all information provided by me/us in this Application is true and correct. I/we agree that if this offer is accepted by our signature I/we understand that all Pacifica Housing properties are smoke and vapour-free.	
Applicant's Signature _____	Date signed _____
Co-Applicant's Signature _____	Date signed _____

Before submitting this Application, please ensure that you have done the following:

- Completed application in full
- Read consent/declaration and signed application in space provided above. (Section F and G)
- Ensure that you have attached current income verification for all household members 19+ (3 consecutive paystubs dated within the past 3 months)

Once complete, return to Pacifica Housing by:  
Email: [tenantservices@pacificahousing.ca](mailto:tenantservices@pacificahousing.ca)  
Mail/In Person: 827 Fisgard Street Victoria, BC V8W 1R9  
Fax: 250-385-6776

First Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_