



**PACIFICA HOUSING**

*Affordable homes. Better lives.*

827 FIGGARD STREET VICTORIA BC V8W 1R9

PHONE: 250-385-2131 | FAX 250-385-6776

www.pacificahousing.ca

## MARKET APPLICATION

### A. APPLICANT INFORMATION

<b>FIRST APPLICANT'S PRIMARY INFORMATION</b>				Date of Birth MM / DD / YY	Primary Phone Number
Last Name		First Name			
Present Address			City	Postal Code	Email
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 \$

<b>CO-APPLICANT'S PRIMARY INFORMATION (if different from first applicant)</b>				Date of Birth MM / DD / YY	Primary Phone Number
Last Name		First Name			
Present Address			City	Postal Code	Email
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 \$

**B. APPLICANT'S REQUIREMENTS AND OTHER DETAILS:**

Type of pets	Number of pets	Parking (one stall per household. \$50.00 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 ever lived in a Pacifica Housing managed building and/or one operated by BC Housing? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**C. SUPPLEMENTARY INFORMATION**

<b>FIRST APPLICANT'S SUPPLEMENTARY INFORMATION</b>			
Secondary Phone Number		Gender (Optional)	
Present Landlord/Building Manager's Name	Address		Phone Number
Previous Landlord/Building Manager's Name	Address		Phone Number
Employer	Position		Length of employment
Supervisor's Name	Supervisor's Phone Number		Monthly Income \$
Previous Employer	Position		Length of employment
Previous Supervisor's Name	Previous Supervisor's Phone Number		Monthly Income \$
Vehicle Make	Model	Colour	License Plate Number
Second Vehicle Make	Model	Colour	License Plate Number
Please give the name of a business or personal reference:			
Address		Phone Number	

<b>CO - APPLICANT'S SUPPLEMENTARY INFORMATION</b>			
Secondary Phone Number		Gender (Optional)	
Present Landlord/Building Manager's Name	Address		Phone Number
Previous Landlord/Building Manager's Name	Address		Phone Number
Employer	Position		Length of employment
Supervisor's Name	Supervisor's Phone Number		Monthly Income \$
Previous Employer	Position		Length of employment
Previous Supervisor's Name	Previous Supervisor's Phone Number		Monthly Income \$
Vehicle Make	Model	Colour	License Plate Number
Second Vehicle Make	Model	Colour	License Plate Number
Please give the name of a business or personal reference:			
Address		Phone Number	

#### D. OTHER ADULT OCCUPANTS

Full names of all other adult persons (age 19 or older) to occupy this rental unit

Last Name

First Name

Last Name

First Name

#### E. OTHER MINOR OCCUPANTS

Full names of all other persons under age 19 (including infants) to occupy this rental unit

Last Name

First Name

Last Name

First Name

**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

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 \_\_\_\_\_

#### H. LANDLORD'S ACCEPTANCE

NOTE: Do not sign this form unless and until you decide to accept the Applicant(s) as your tenant(s).

The above Applicant(s) is/are accepted for tenancy upon proof of tenants' insurance.

Landlord'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)

Once complete, return to Pacifica Housing by:

Email: [tenantservices@pacificahousing.ca](mailto:tenantservices@pacificahousing.ca)

Mail/In Person: 827 Fisgard St. Victoria BC V8W 1R9

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