



## RENTAL HOUSING APPLICATION FORM - LOW END OF MARKET & 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. 2022 levels:

**VICTORIA REGION**

Unit type	Must be above	Must be below
Studio	\$47,500	\$77,430
1 Bedroom	\$47,500	\$77,430
2 Bedroom	\$61,000	\$120,990
3 Bedroom	\$79,000	\$120,990
4 Bedroom	\$84,500	\$120,990

**NANAIMO REGION**

Unit type	Must be above	Must be below
Studio	\$40,000	\$77,430
1 Bedroom	\$40,000	\$77,430
2 Bedroom	\$51,500	\$120,990
3 Bedroom	\$57,000	\$120,990
4 Bedroom	\$73,000	\$120,990

**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 Customs and Revenue Agency. (CCRA) 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
		\$
		\$
		\$
	<b>TOTAL HOUSEHOLD INCOME</b>	\$

**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.*

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**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:*

**tenantservices@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.