

Pacifica Housing 827 Fisgard Street Victoria, BC, V8W 1R9 P: 250-385-2131 F: 250-385-6776 www.pacificahousing.ca

## **RENTAL HOUSING APPLICATION FORM - SUBSIDIZED 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 INFOR	RMATION:							
BC HOUSING FILE# (Th	• •							
NAME: (A)		_ PHONE:	PHONE: (home) (cell) (other)					
NAME: (B)		PHONE:	(home)	(cell)	(othe	r)		
· /———		<del></del> -	(home)	(cell)	(othe	<u>r)</u>		
EMAIL:documents & communication	ation regarding your appl	; Please c lication.	heck the bo	x 🔲 if you ag	ree to rec	eiving electronic		
ADDRESS:	CITY: _			POSTAL C	ODE:			
2. ACCOMMODATION	N REQUIRED & PREF	ERENCES:						
PREFERRED REGION:	Nanaimo	☐ Vio	ctoria					
Victoria region preferenc	es: Esquimalt/Vic W	Vest Co	olwood/Lang	ford Saan	iich			
	Fernwood/Fairfi	eld/James Ba	ay	Gorg	ge-Tillicun	n		
Building preferences, if a	any? (Please note that ur	nits offered fo	r viewing ar	e subject to ava	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 (p	please specify):				
Do you require parking?	Yes ☐ No ☐ If ye	s, how many	vehicles do	vou have?				
PLEASE NOTE: All of F		-						
PLEASE NOTE: All OFF	achica nousing s build	ulligs are no	n-smoking	· 				
3. HOUSEHOLD INFO	DRMATION: Please list	yourself on the	ne first line a	and then all tho	se who w	vill live with you.		
FULL NAMES (surname first)	BIRTH DATE	AG	E	PRONOU (she/he/ti		RELATIONSHIP TO APPLICANT		
						APPLICANT		

ADDRESS		FROM TO (DATE)		TE)	LANDLORD'S N	ORD'S NAME		LANDLORD'S PHONE NUMBER	
CURRENT ACC	OMMODAT	ION:	*As part	of the	application process, yo	u may als	so be asked for	character references	
What is your curre	ent monthly re	ent or mortg	age paymer	nt? \$_		-			
House	Apartment	Numl	per of bedroo	oms _	<del></del>				
	rtain income		tablished by		ubsidized housing, the lousing Income Limit		which are pro		
	Unit typ	e Mus	t be below		Unit ty		Must be below	,	
	Studio		\$50,000		Studio		\$44,000	1	
	1 Bedroom	;	\$50,000		1 Bedroom		\$44,000	7	
	2 Bedroom	,	\$65,000		2 Bedroom		\$56,000	7	
	3 Bedroom	,	\$82,000		3 Bedroom		\$63,500		
4+ Bedroom		;	\$95,500		4+ Bedroom		\$74,000		
	blish subsic	dized hous ded for the	Applicant(s)	as we	sed on the income e				
		-			stoms and Revenue A ontact CCRA at 1-800-9			Attached	
deductions. Please	e provide <b>em</b>	ployment	reference:	/ stub	s which show your gr			Attached  Not applicab	
Start date with cur	rent employe	er Comp	any Name		Contact Name	Phone	Number		
· If self-employed	d, copy of Sta	atement of E	Business Act	ivities	and Income Tax Ret	urn Attac	hed	Attached	
• If other income	(example: El	l, pensions,	Ministry ber	nefits)	, please explain:			Not applicab	
	I A BAE		INC		COURCE	1	MONITHIN	INCOME	
NAME					SOURCE ension etc)		MONTHLY	INCOME	
		+	you,	_, p	<u> </u>	\$			
						<del>                                     </del>			
						\$			
						\$			
		-	TOTAL HO	USEI	HOLD INCOME	<b> </b> \$			

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

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 at ment of the ap	uthorize agencies or individuals to provide whatever information they have to the Agency relative to assess- plication.
I/We understar 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 the purposes of determining your eligibility, assessing your housing needs and to determine the housing that suit your needs.
applicant cl	r housing, please email your completed application, including all requested documents (see hecklist above) to: rices@pacificahousing.ca
Completed	housing applications can also be delivered to Pacifica Housing reception at:

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

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submitted will be securely destroyed after 6 months.