



CAPITAL REGION HOUSING CORPORATION
631 Fisgard St, Victoria, BC
V8W 1R7 www.crd.bc.ca/crhc
Tel: 250.388.6422 Fax: 250.361.4970

APPLICATION FOR AFFORDABLE ACCOMMODATION (Non-Subsidized)

It is important that you complete all the sections of the application form. The information requested here will help us to assist you and will be treated with strict confidence.

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: \_\_\_\_\_

ACCOMMODATION REQUIRED

Number of bedrooms: \_\_\_\_\_ Preferred Locations - buildings: \_\_\_\_\_

Do you have any special requirements: If yes, please summarize:

Do you have pets? Yes No If yes, how many (please specify) \_\_\_\_\_

PLEASE NOTE: No dogs are permitted except for Government of BC Certified Service or Guide Dogs. One spayed/neutered indoor cat per household is permitted in designated complexes. No other animals are permitted unless approved by CRHC.

Number of vehicles: \_\_\_\_\_

PLEASE NOTE: Some of the Housing Corporation's complexes are non-smoking.

HOUSEHOLD INFORMATION: Please list yourself on the first line and then all those who will live with you.

Table with 5 columns: FULL NAMES (Surname First), BIRTH DATE, AGE, Male/Female, RELATIONSHIP TO APPLICANT. The first row is pre-filled with 'APPLICANT' in the relationship column.

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

ADDRESS	FROM (DATE)	TO (DATE)	LANDLORD'S NAME	LANDLORD'S PHONE NUMBER
		PRESENT		

**CURRENT ACCOMMODATION**

What is your current monthly rent or mortgage payment? \$ \_\_\_\_\_

Is this a house \_\_\_\_\_ Apartment \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Reason for moving from current accommodation: \_\_\_\_\_

**INCOME INFORMATION:** List Gross Monthly Income (BEFORE DEDUCTIONS) for all members of your household from all income sources. PROOF OF INCOME DATED WITHIN THE PAST 3 MONTHS MUST BE ATTACHED FOR YOUR APPLICATION TO BE PROCESSED.  
TO QUALIFY FOR HOUSING PLEASE SEE INCOME LEVELS BELOW.

NAME	INCOME SOURCE (include name of employer, EI, pensions, etc.)	MONTHLY INCOME
		\$
		\$
		\$
	<b>TOTAL HOUSEHOLD GROSS MONTHLY INCOME</b>	\$

**INCOME QUALIFICATION – AFFORDABLE:** Annual Income required to qualify for affordable housing. 2021 levels.

Affordable	Must be above:	Must be below:
Studio	\$44,501	\$75,730
1 bedroom	\$44,501	\$75,730
2 bedroom	\$59,501	\$117,080
3 bedroom	\$78,501	\$117,080
4 bedroom	\$84,501	\$117,080

Before sending in your Application for Accommodation, have you:

- Completed your application in full?
- Indicated your desired housing locations?
- Attached verification of your income dated within the past 3 months?
- Provided 2 years residency history including landlord names and phone numbers?
- Signed the application in the space below?

***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 Corporation 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 Corporation relative to assessment of the application.

I/We understand this application does not constitute an agreement on the part of the Corporation to provide me/us with rental housing.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Capital Region Housing Corporation

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. Please contact Senior Manager, Regional Housing, Box 1000, 625 Fisgard Street, Victoria, BC V8W 1R7, Tel. 250-360-3371 if you have inquiries about the collection or use of this information.

PLEASE NOTE: Applications expire after 12 Months. Please contact our office at [crdhousing@crd.bc.ca](mailto:crdhousing@crd.bc.ca) every 3 months to renew your application and to update any information that has changed. Expired applications and any documents you submitted will be securely destroyed 12 months after expiry. If you are deemed ineligible for the housing you applied for, your application and any documents you submitted will be securely destroyed 12 months after a letter is sent to notify you of your ineligibility.

Updated July 20, 2021