



631 Fisgard Street

T: 250.388.6422

F: 250.361.4970

www.crd.bc.ca/crhc

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 determine your eligibility 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 – Please note, all applicants must qualify for units based on the operating agreements of individual buildings. Only applicants who meet these terms will be offered a rental unit.

Number of bedrooms: _____ Vacancy applying for: _____

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.

FULL LEGAL NAMES (Surname First)	DATE OF BIRTH (day/month/year)	AGE	GENDER	RELATIONSHIP TO APPLICANT
				APPLICANT

RESIDENCY HISTORY: Please list your addresses for at least the past **2 years**. CRHC requires two years of favorable Landlord references within the last three years.

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

Have you or any member of your household ever lived in CRHC managed housing? Yes: ____ No: ____

If yes, please list address: _____

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. THREE MONTHS PROOF OF INCOME (for example, employment paystubs, income tax return, letter from employer, if employment is new, government benefits) DATED WITHIN THE PAST 6 MONTHS MUST BE ATTACHED FOR YOUR APPLICATION TO BE PROCESSED. TO QUALIFY FOR HOUSING PLEASE SEE INCOME LEVELS BELOW.

FULL NAME	INCOME SOURCE(S) (include name of employer, EI, pensions, etc.)	GROSS MONTHLY INCOME
		\$
		\$
		\$
		\$
	TOTAL HOUSEHOLD GROSS MONTHLY INCOME	\$

INCOME QUALIFICATION – AFFORDABLE: Annual Income required to qualify for affordable housing. As determined by BC Housing from time to time.

Affordable	Must be above:	Must be below:
Studio	\$50,001	\$84,780
1 bedroom	\$50,001	\$84,780
2 bedroom	\$65,001	\$134,140
3 bedroom	\$82,001	\$134,140
4 bedroom	\$94,501	\$134,140

Before sending in your Application for Accommodation, have you:

- ☐ Completed your application in full?
- ☐ Indicated the current vacancy you are applying for?
- ☐ Attached verification of your income dated within the past 6 months?
- ☐ Provided a minimum of 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 the required information completed.

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 check, and/or personal reports on me/us from one or more agencies or individuals including information from public sources such as Court Services Online and police websites.

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 BC *Freedom of Information and Protection of Privacy Act* for the purposes of determining your eligibility and assessing your housing needs. Please contact Senior Manager, Capital Region Housing Corporation, Box 1000, 625 Fisgard Street, Victoria, BC V8W 1R7, <tel:250.388.6422> if you have inquiries about the collection or use of this information.

PLEASE NOTE THAT ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED. ALL ADDITIONAL APPLICATIONS WILL BE SECURELY DESTROYED.

Updated October 2025