



LOOKOUT EMERGENCY AID SOCIETY

429 Alexander Street, Vancouver, B.C. V6A 1C6

phone (604) 255-0340 fax (604) 255-0790

Lookout provides independent, affordable housing within the Downtown Eastside for single adults who have made this area their home. The units are one-bedroom suites which are self-contained. Staff are available daily to provide support and assistance to tenants.

Please fill out the application below if you are interested in living in the **Jim Green Residence** or in the **Jeffrey Ross Residence** and meet the following criteria:

- Pattern or history of homelessness
- On a low fixed income
- Are a resident of the Downtown Eastside community
- Have few housing options
- Currently live within inadequate housing
- Jeffrey Ross Residence is restricted to people with disabilities

When complete, send your application or drop it off at:

Lookout Emergency Aid Society, 429 Alexander Street, Vancouver, BC V6A 1C6

Your application will be placed on the wait list; you will be contacted at a later date when your application comes nearer to the top of the list.

Application Form for Jim Green / Jeffrey Ross Residences

Name: _____ Telephone #: _____

Address: _____
Street Address City Postal Code

Birth Date: ____ / ____ / ____ Age: ____ Sex: ____
M D Y

Number of people in household:

Self Only: ____ Self & Spouse: ____ Spouse's Name: _____ Age: ____ Sex: ____

Prior Addresses:

1) _____ How Long? _____

2) _____ How Long? _____

How long have you lived at your current address? _____

Why do you want to move? _____

Are you currently living in the Downtown Eastside? Yes ____ No ____ How Long? _____

Have you lived in the Downtown Eastside in the past? Yes ____ No ____ How Long? _____

If so, when and why did you leave the area? _____

Current Housing Conditions:

Single room? _____ Apartment? _____
Approx size of room: _____ Cooking facilities? _____ Hot plate? _____
When last painted? _____ Communal kitchen? _____ Eat out? _____
Are repairs needed? _____ Natural light? _____ Noisy? _____
Bar/pub downstairs? _____ Has elevator? _____ 24 hour staff? _____
Do you have private toilet? _____ Private bathtub? _____ Private shower? _____

Personal Health and Disabilities:

Do you use a walker? _____ Wheelchair? _____ Cane? _____
Require elevator? _____ Home support? _____ Nursing? _____

Do you suffer from any of the following?

Amputation? _____ Deafness? _____ Heart disease? _____
Arthritis? _____ Diabetes? _____ Addictions? _____
Asthma? _____ Epilepsy? _____
Mental illness? _____
Other health problems (specify)? _____

Monthly Income (including rent payment):

Income Assistance _____
Canada Pension Plan _____
Old Age Security _____
Additional supplements _____
E.I. benefits _____
Other income _____

Total Monthly Income _____

Current monthly rent _____
Heat and light payments if not included _____

% of monthly income spent on rent _____ %

I declare that the above information is complete and correct to the best of my knowledge.

Signed: _____ Date: _____

For the purpose of determining whether my application for residency is acceptable, I hereby consent to the landlord, Lookout Emergency Aid Society, obtaining pertinent information about me from other agencies and services (e.g., Financial Worker, other housing programs, etc.). I authorize the reporting agencies or persons to disclose information on me to Lookout employees.

Signed: _____ Date: _____