

APPLICATION FOR LOOKOUT TRANSITIONAL HOUSING

Cliff Block – 606 Clarkson Street, New Westminster, B.C. V3M 1C8

phone 604-523-9126 fax 604-523-9127

Lookout is pleased to offer housing for up to two years in length to adult men and women who have a history of homelessness and who need support and assistance to keep their own housing. Staff are on-site to assist people to strengthen or develop living skills to help residents move towards greater independence and a more stable and healthy lifestyle. As the intent of this housing is time restricted -

Applicant will need to sign a time limited lease.

To be eligible for this housing you must:

- receive a low, fixed monthly income
- be single or a couple (children and families are not eligible)
- have few housing options
- be willing to work with staff to build upon your living skills
- agree to sign a release-of-information for financial care providers
- bring proof of assets and financial situation to interview

Personal Information:

Name: _____ Single or Couple

DOB: _____ (m-d-y)

Source of income: _____ Amount of monthly income: _____

Assets: (e.g. home, investments, do you own a car?) Please list.....

Housing History:

Current address: _____ Phone #: _____

Or Contact person: _____ Phone #: _____

How long have you been at your current address? _____

Are you being evicted? Yes No If yes, why are you being evicted?

Housing History con't:

Have you been evicted in the last 10 years? When and why? _____

Where did you live before your current address? _____ How long? _____ Why leave? _____

_____ How long? _____ Why leave? _____

_____ How long? _____ Why leave? _____

Is your current location temporary accommodation? Yes No

What other housing options have you tried? _____

Is there anything that has made it difficult for you to find places to live (health, personal situation)?

Have you ever lived in housing with staff on-site to support you? Yes No if yes, please tell us about it and why you left _____

Why are you interested in living at the Cliff Block in New Westminster? _____

What is your current housing like?

- own cooking area has shared kitchen only one room (size ____ x ____ ft)
- own bathroom bathroom shared with other residents
- elevator pub/bar in building
- needs plumbing or electrical repairs no window/ window doesn't open
- staff available in building supportive care staff available in building
- unsafe housing (why unsafe) _____

Goals con't

Are there any other agencies/workers that are or will be assisting you with these goals?

Yes No

If yes, who: _____

Acknowledgment:

I am aware that as a resident in the Cliff Block Transitional Housing Program, that my stay is subject to:

- following through on the goals I have identified for myself
- working with staff to achieve these goals
- adhering to the Tenancy Lease and Building Rules
- a maximum length of two years

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

Signed: _____

Date: _____

If you need help with this form or have any other questions about our housing please contact the Cliff Block Tenant Support Workers at 604-523-9126.

References:

In order to assist the selection process, please provide references highlighting any information not covered on the application. Possible reference choices: your referring worker, treatment provider and/or other housing programs.

All information given on this form is Confidential.