

**APPLICATION FOR LOOKOUT SUPPORTIVE HOUSING**  
**Yukon Residence - 2088 Yukon Street, Vancouver V5Y 4B1**

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 are not eligible)
- \$ have few housing options
- \$ be willing to work with staff to build upon your living skills

**Personal Information:**

Name: \_\_\_\_\_ Single  or Couple

Birthdate: \_\_\_\_\_

Source of income: \_\_\_\_\_ Amount of monthly income: \_\_\_\_\_

Assets: (eg home, car, investments?) \_\_\_\_\_

**Current Housing:**

Current address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Or Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_

Are you being evicted? \_\_\_\_\_ If yes, why are you being evicted? \_\_\_\_\_

Have you been evicted at any time in the past? 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? \_\_\_\_\_

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) ?

What is your current housing like?

- has cooking facilities       has shared kitchen       only one room (size \_\_\_\_\_ x \_\_\_\_\_ ft)
- have your own bathroom       bathroom shared with other residents
- elevator       pub/bar in building       staff available in building
- needs plumbing or electrical repairs
- unsafe housing (why unsafe)

**Health Information:**

Do you live with any of the following health concerns:

- physical handicap    What? \_\_\_\_\_       need a wheelchair accessible suite
- mental illness       difficulty breathing/easily tired
- heart disease       diabetes
- hearing difficulties       do you need nursing care?
- do you need home support?       alcohol or drug problems?

Do you prefer to cook your own meals or buy them ? \_

Why are you interested living in the Yukon Residence?

For the purpose of determining 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, other housing programs, etc.). I authorize the reporting agencies or persons to disclose information on me to the Lookout Emergency Aid Society or its agent.

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

**Referring worker: Please include a cover letter highlighting any information not covered on the application.**

**All information given on this form is Confidential.**