



## Application for Tenancy

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Alternate Contact Information: \_\_\_\_\_

Identify all suitable housing options by checking each box applicable below. Please see reverse side for site specific amenities and supports.

- |                                                |                                                  |                                                  |
|------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Cliff Block Residence | <input type="checkbox"/> Julian House            | <input type="checkbox"/> Russell Housing Ctr     |
| <input type="checkbox"/> Sakura So             | <input type="checkbox"/> North Shore Housing Ctr | <input type="checkbox"/> Rhoda Kaellis Residence |
| <input type="checkbox"/> 947 E Hastings        |                                                  |                                                  |

*Please note: many Lookout sites receive applications directly from BC Housing through the supportive housing registry. For these sites please apply directly through BC Housing. For Lookout sites not listed above, please contact the site in which you wish to apply directly.*

### Current Housing Situation is as follows:

- |                                                   |                                                      |                                                      |
|---------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Absolutely Homeless      | <input type="checkbox"/> Requesting Housing Transfer | <input type="checkbox"/> Shelter                     |
| <input type="checkbox"/> Under notice of Eviction | <input type="checkbox"/> Unsafely housed             | <input type="checkbox"/> Staying with Friends/Family |

### Identifies with the following health concerns:

- |                                         |                                              |
|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Substance Use  | <input type="checkbox"/> Health Concerns     |

### Currently requires wheelchair/walker/scooter:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### Pet Owner:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

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

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

*If applicable*

Referring Lookout Staff Member: \_\_\_\_\_

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

Please e-mail application to [info@lookoutsociety.ca](mailto:info@lookoutsociety.ca) or fax to Administration Office at 604-255-0790.

## Residential Site Information

Building	Location	Focus	Permanent (P) or Transitional (T)	Pet Friendly	Wheelchair Accessible	Bachelor	One Bedroom	Shared Kitchen	Shared Bathroom
<b>Cliff Block Residence</b>	New Westminster	Mental Illness	P/T	✓		✓		✓	✓
<b>Julian House</b>	Surrey	HIV/AIDS	T				✓		
<b>North Shore Housing Ctr</b>	North Vancouver	North Shore Residents	T	✓	✓	✓			
<b>Rhoda Kaellis Residence</b>	New Westminster	N/A	P/T	✓	✓	✓	✓		
<b>Russell Housing Ctr</b>	New Westminster	N/A	P	✓				✓	✓
<b>Sakura So</b>	Vancouver	LGBT2 focus	T	✓	✓	✓		✓	✓
<b>947 E Hastings</b>	Vancouver	N/A	P	✓	✓	✓			