Page Drive Application Form

Please fill out and return to:

Galiano Island Housing Society
276 Georgeson Bay Rd
Galiano Island BC
V0N1P0

Or: hello@pagedrive.ca

Applicant Information

Name _____

Phone _____

Email _____

Current Address _____

_____

_____

Length of Time at Current Address _____

Name and contact information for current landlord _____

_____

How long have you lived on Galiano Island? _____

Reason for applying for accommodation at Page Drive _____

_____

_____

_____

Income

Do you currently own any property? YES _____ NO _____

If yes, please list location(s) and value _____

Current monthly income _____

Current Medical Information

Name of Doctor _____

Doctor's contact information _____

Do you require medical or nursing assistance? YES _____ NO _____

If yes, please provide details _____

_____

_____

Can you manage your own housekeeping and shopping? YES _____ NO _____

Next of Kin

Name _____

Phone _____

Email _____

Address _____

_____

_____

Relationship to you _____

Consent and Signature

Do we have your permission to discuss your application with your doctor and/or other contacts provided? YES _____ NO _____

Are you willing to provide a doctor's certificate if required? YES _____ NO _____

Signature _____

Date _____