



LATINUM
Property Management & Realty

P.O.Box 31216 SMB, Grand Cayman
Tel: (345) 945-1114 Fax: (345) 945-3686
Email: platinum@candw.ky

Tenant Application Form

Property _____
Applicant _____
Date of Birth _____ **Nationality:** _____
Month / Day / Year

Move-in Date _____
Rent _____
Sec. Deposit _____

Home Tel: _____
Home Fax: _____
Email: _____

How many persons will reside in the premises ?
_____ adults _____ children : ages: _____
 Non-smoking **Smoking**
 No Pets **Pets**
If pets: how many _____
What kind of pets? _____

PO Box & Property Address: _____ **How Long?** _____
Present Landlord/ Residence: _____ **Phone:** _____
Reason for leaving _____

Previous Address: _____ **How Long?** _____
(if present is less than 1 year)

Employment References:

Employer (local Co.) _____ **Work Tel:** _____
P.O.Box & Business Address _____ **Work Fax:** _____
Occupation/Position: _____ **Employed for:** _____
Years / month

(If less than 1 year with present employer, please give previous employer information below)

If Self-employed, please give details of:
Nature of Business: _____
Address: _____
Date Business Established _____ **Date business incorporated as a company** _____

Local Bank Reference:

Bank Name: _____ **CI\$ Checking** **US\$ Checking**
Contact: _____ **CI\$ Savings** **US\$ Savings**

Personal References:

Name: _____ **Address** _____ **Phone ()** _____
Name: _____ **Address** _____ **Phone ()** _____
In an emergency notify: _____ **Relationship** _____ **Phone ()** _____

SIGNATURE: _____ **DATE:** _____

The information provided on this application is accurate to the best of my knowledge and subject to verification by Platinum
*** A COLOR COPY OF YOUR PASSPORT ID WILL BE REQUIRED UPON APPROVAL OF THIS APPLICATION**