



RESIDENTIAL TENANT APPLICATION FORM

Photocopy of State ID:

Place ID Here

Or, If not accessible

Full Name: _____

Age Range: 18-24 yrs ___ 25-34 yrs ___ 35-44 yrs ___ 45+ yrs ___

State ID number: _____ State ID Type: _____

Permanent Home Address: _____

OTHER DETAILS

Contact Number(s): _____

Email Address: _____

Present Address in Grenada: _____

Do you smoke: Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

If yes, what was the nature of the crime? _____

RENTAL INFORMATION

Number of persons to occupy the rental ___ Relationship (e.g family): _____

Name(s) of other tenants: _____

If there are any children, how many? _____ Ages: _____

Any pets? _____ How many? _____ Type: _____

When do you wish to start renting? _____

Please Turn Over

Type of Apartment/Price range: _____

Lease Start Month: _____ Lease End Month: _____

FINANCIAL INFORMATION

How will the rent be paid monthly?

EC Cash ____ USD Cash ____ Wire Transfer ____ Credit Card ____ Check ____

EMPLOYMENT STATUS

Student ____ Full-Time Employed ____ Part-Time Employed ____ Unemployed ____

Self-Employed ____

Place of Employment: _____

Number of years at Current Employer: _____

If student, Programme of Study: _____ Term: _____

REFERENCES

****PARENTS AND RELATIVES cannot be used as references.**

Reference 1 (Past Local Landlord / Public Figure)

Name: _____

Job Title / Position: _____

Contact Number(s): _____

Address: _____

Reference 2 (Employer / School)

Name: _____

Job Title / Position: _____

Contact Number(s): _____

Address: _____

DECLARATION

The information provided to Blue Star Apartments & Hotel on this form is accurate to the best of my knowledge.

Name / Signature

Date