Department of **Financial Assistance** Cayman Islands Government

Accommodation Verification Form

This form is for applicants, recipients, or household members to verify their accommodation details with the Department of Financial Assistance

Re:						(Name of Applicant	t, Recipient o	of Household member)	
Date of Birth:			FAS ID):					
This form serv stated below:	es as confir	mation that	the abo	ove men	tioned in	dividual resides	at the	address	
Full Physical Address: House		House#				Street Name	Street Name		
А	Apt#		Bldg Name				Neigh	bourhood	
		☐ West B	ay 🗌 E	ast End	☐ Georg	ge Town 🗌 Nort	h Side	☐ Cayman Brac	
in a dwelling t	ittle Cayman ype of a :								
House		Apartmer	nt	Bedroom		Multi-Family House/Property			
and is respor	nsible for the	e below con	tributio	ns:					
Туре	Total Monthly Cost		Responsibility/Contribu			oution			
Electricity	\$		Full	or		_%			
Water	\$		Full	or		_%			
Propane	\$		Full	or		_%			
Internet	\$	 -	Full	or		_%			
Cable	\$	 -	Full	or		_%			
Other	\$		Full	or		_%			

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Accommodation Verification Form



Property Owner Information	า								
Name:									
Contact Number:									
Email:									
Relationship to individual residing at property:									
This form must be accompanied by a valid identification of the property owner. Acceptable forms of identification include: Driver's License, Voter's Registration Card or Passport									
Acknowledgment and Certification									
I, the undersigned, certify that the information provided in this form is accurate and complete to the best of my knowledge.									
Signature of Property Owner		Signature of Occupant							
Date		Date							

Note: Per section 28 of the Financial Assistance Act - "A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both."

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.

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