



# Tulalip Bay Rental Application

**This application and its attachments will be verified by a 3rd party.**

## **REQUIREMENTS AT TIME OF APPLICATION:**

- *Completed Rental Application*
- *Completed Tribal Debt Form (signed by each tribal entity)*
- *Attach copies of driver's license and Tulalip Tribal identification*
- *Attach proof of income by providing copies of pay stubs (minimum of 3 stubs)*
- *If applicable provide per capita 1099's*
- *Proof of rental history for the past three (3) years*
- *Signed Authorization to Release Information form for all family members over the age of 18*

## **AFTER LOTTERY SELECTION, PRIOR TO MOVE IN:**

- *Urinalysis completed with the CDATP within 48 hours (fee payable at time of test)*
- *Background check completed by Tulalip Asset & Real Estate Department staff*
- *Receipt of the \$34.00 nonrefundable application fee. Fee is due upon selection and must be in the form of a cashier's check or money order (made out to: Asset & Real Estate, payable at the finance window)*

**APPLICANT(S) MUST HAVE CASHIER'S CHECK OR MONEY ORDER IN THE AMOUNT OF ONE MONTH'S RENT PLUS DEPOSIT EQUAL TO ONE MONTH'S RENT UPON SELECTION MADE OUT TO: TULALIP TRIBES ASSET & REAL ESTATE DEPARTMENT**

*The Tulalip Tribes are the successors in interest to the Snohomish, Snoqualmie, Skykomish, and other allied tribes and bands signatory to the 1855 Treaty of Point Elliott.*





# Tulalip Bay Rental Application *(continued)*

**NOTE: This application is subject to verification**

Applicant Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate/Message Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred number of bedrooms:     1     2     3     4     or more \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List the Head of Household and ALL persons who will be living in the rented unit.  
*Applicant must submit copies of Tribal identification cards for all Tulalip Tribal members in the household.*

First Name	Last Name	Relationship	Birth Date	Tribal ID	Social Security Number

**INCOME INFORMATION:** List below all sources of income for every family member. This information will be verified before the application will be considered for tenancy. Items that must be listed include: Wages, public assistance, all benefit payments, income from a business, child support, fishing income, per capita payments, etc. Include all income you are now receiving or expect to receive during the next twelve (12) months.

**NOTE: Copies must be attached to application.**

Family Member	Source of Income	Amount	Payment Basis (Weekly, Monthly, Etc.)



# Tulalip Bay Rental Application (continued)

**NOTE: This application is subject to verification**

Name of Current Landlord: \_\_\_\_\_ Contact #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Name of Landlord #2: \_\_\_\_\_ Contact #: \_\_\_\_\_

Previous Address #2: \_\_\_\_\_ How Long: \_\_\_\_\_

Name of Landlord #3: \_\_\_\_\_ Contact #: \_\_\_\_\_

Previous Address #3: \_\_\_\_\_ How Long: \_\_\_\_\_

Have you been evicted from any home during the last 7 years?  Yes  No

If yes, please explain:

### OTHER INFORMATION:

Childcare Expenses:  Yes  No Amount: \_\_\_\_\_ Weekly/Monthly? \_\_\_\_\_

Does any member of your household have any special needs due to a disability?  Yes  No

If yes, please explain:

Have you, or a member of your family been convicted of a crime?  Yes  No

If yes, please explain:

Do you have any pets?  Yes  No Please describe how many (breed, size, color, etc.):

### VEHICLE INFORMATION:

Make	Model	Financed	Monthly Payments

*I/We certify that all information provided in this application is true, complete, and accurate to the best of my/our knowledge. I/We authorize the Tulalip Tribes Leasing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of tenancy. I/We understand that if more than one applicant applies for the same rental unit that the Tulalip Tribes Asset & Real Estate Department will select the tenant through a lottery selection.*

\_\_\_\_\_  
Date Applicant Signature Print Name

\_\_\_\_\_  
Date Co-Applicant Signature Print Name



# Tulalip Bay Rental Application *(continued)*

*NOTE: This application is subject to verification*

**Also attach Release of Information with application.**

**THE FOLLOWING MUST BE SIGNED BY THE TULALIP TRIBAL ENTITIES BEFORE  
APPLICATION WILL BE ACCEPTED**

Tulalip Tribes Finance: \_\_\_\_\_  
Authorized Official Title Date

Tulalip Tribes Utilities: \_\_\_\_\_  
Authorized Official Title Date

Tulalip Broadband: \_\_\_\_\_  
Authorized Official Title Date

Tulalip Housing Dept.: \_\_\_\_\_  
Authorized Official Title Date

Tulalip AARE Dept.: \_\_\_\_\_  
Authorized Official Title Date

Tulalip Tribal Court: \_\_\_\_\_  
Authorized Official Title Date

*"We are here as a team to work for our people."*





# Tulalip Bay Rental Application (continued)

**NOTE: This application is subject to verification**

## THIS SECTION TO BE COMPLETED BY THE APPLICANT:

*By signing below, I acknowledge that everything stated in this application, and included attachments, are true and correct.*

_____	_____	_____
Date	Applicant Signature	Print Name
_____	_____	_____
Date	Co-Applicant Signature	Print Name

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONTENT:

I authorize the use of a photocopy of the authorization and direct any Federal, State, or local agency organization, business, or individual to release to Tulalip Tribes Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Tulalip Housing Department in administering and enforcing program rules and policies.

### INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to. Identity and Marital Status Employment, Income and Assets Medical or Child Care Allowances Credit and Criminal Activity Residences and Rental Activity Urine Analysis Testing.

*I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.*

*Alliance 2020 is the consumer reporting agency who will be compiling your consumer report. You have the right to obtain a free copy of your consumer report in the event of a denial or adverse action, and to dispute the accuracy of the information appearing in the consumer report. All inquiries may be directed to:*

**Alliance 2020, Inc.**  
P.O. Box 4828  
Renton, WA 98057  
Phone: 425.271.8065 / 800.289.8065  
Fax: 425.227.9246 / 800.289.9246





# Tulalip Bay Rental Application (continued)

**NOTE: This application is subject to verification**

**GROUP OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release the above information include but are not limited to:

- Previous Employer
- Welfare Agencies
- Courts
- Social Security Administration
- Medical and Child Care Providers
- Any Tribal Entity
- Law Enforcement Agencies
- Central Drug & Alcohol Testing Program
- Past and Present Employers
- Veterans Administration
- Retirement Systems
- State Unemployment Agencies
- Schools and Colleges
- Utilities Companies
- Support and Alimony Providers

**SIGNATURES:**

*Every household member 18 years of age and older MUST sign. All signatures MUST be readable.*

I understand that my treatment records, if any are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, Part 164).

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

**NOTICE OF REDISCLOSURE OF CONFIDENTIAL INFORMATION**

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for his purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

Date	Head of Household
Date	18 Years and Older
Date	18 Years and Older
Date	18 Years and Older