



THE TULALIP TRIBES

Leasing Department
6319 23rd Ave. NE
Tulalip, WA 98271

SS# _____ (self)
SS# _____ (spouse)

MUST PROVIDE: three years of w-2 forms to verify income

CONFIDENTIAL INFORMATION (Please complete fully) Date _____

Lease Holder Name _____ Lot # _____

Escrow Holder Name _____ Phone: _____

Address _____

Buyers Full Name _____ Age _____

Home Address _____

_____ How Long _____ Phone No. _____

Previous Address _____ How Long _____

Marital Status _____ No. of Dependents _____

Name of Employer _____

Address _____ Phone No. _____

Position Held _____ How Long _____

Monthly Income _____ Other Income _____ Source _____

Previous Employer _____

Address _____

Position Held _____ How Long _____

Name of Spouse _____ Employer _____

How Long Employed _____ Monthly Income _____ Phone No. _____

LIST ALL CREDITORS:	ITEM	AMOUNT	MONTHLY PAYMENT

Mortgage/Landlord _____ Amount _____

Car Financed By _____

Make _____ Year _____ Amount per month _____

Bank _____

SIGNATURE OF APPLICANT _____

SPOUSE _____