



**THE TULALIP TRIBES**

REQUIREMENTS FOR  
ASSIGNMENT OF LEASE  
DUE TO DEATH OF LESSEE

*All requirements are due the 2<sup>nd</sup> to last Monday of each month, to be approved the 1<sup>st</sup> Saturday of the following month.*

- Complete Assignment Request Form
- Credit Application for new Purchaser
- Copy of Certificate of Death
- “Consent of Lessor and Assignment” completed and notarized

ONE OR MORE OF THE FOLLOWING:

- Certified copy of letters of administration and copy of Court Order granting authority to assign the lease
- Copy of decree of distribution
- Community Property Agreement



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**REQUEST FOR ASSIGNMENT**

Lot # \_\_\_\_\_ Plat \_\_\_\_\_ Lease Term: \_\_\_\_\_

Written Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Lessee Signature

\_\_\_\_\_  
Date

Lessee: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Gross Sale Price \$ \_\_\_\_\_

6%-8% Transfer Fee \$ \_\_\_\_\_

Escrow Holder: \_\_\_\_\_

Contact Person \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

.....  
**TO BE COMPLETED BY TULALIP UTILITIES DEPARTMENT**

Account Balance: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

.....  
**LEASING DEPARTMENT USE ONLY**

- Credit Application for new purchaser
- Copy of Sale Contract
- Water/sewer balanced
- Transfer fee of 8% of sale
- "Consent of Lessor and Assignment"
- Lease account balanced
- Processing Fee of \$200



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Leasing Department  
6319 23<sup>rd</sup> Ave. NE  
Tulalip, WA 98271

**Lease Assignment will not be processed unless all information requested is provided**

SS# \_\_\_\_\_ (self) SS# \_\_\_\_\_ (spouse)

**MUST PROVIDE: previous year w-2 forms to verify income & current bank statement**

CONFIDENTIAL INFORMATION (Please complete fully) Date \_\_\_\_\_

Lease Holder Name \_\_\_\_\_ Lot # \_\_\_\_\_

Escrow Holder Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Buyers Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

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. \_\_\_\_\_

3 Non Family References:	Address	Phone Number	Length of Time Known

Mortgage/Landlord \_\_\_\_\_ Amount \_\_\_\_\_

Car Financed By \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Amount per month \_\_\_\_\_

Bank \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

SPOUSE \_\_\_\_\_



**AUTHORIZATION TO RELEASE INFORMATION**

LESSEE (S): \_\_\_\_\_

\_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

By signing below, I/we authorize **The Tulalip Tribes Leasing Department** to release information about my/our lease to \_\_\_\_\_. This authorization includes, but is not limited to, providing copies of any original documents and/or any oral or written information regarding the specifics of the lease and the current status of the lease.

I/We agree to release **The Tulalip Tribes Leasing Department**, it's parents, affiliates, successors, and assigns from any liability in connection with the release of the foregoing information.

I/We understand that this Authorization may only be revoked by me/us by notifying **The Tulalip Tribes Leasing** Department in writing.

\_\_\_\_\_  
Lessee Date Lessee Date

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, the Lessee (s), \_\_\_\_\_,

came before me personally and, under oath, stated that he/she is the person described in the above document and he/she signed the above document in my presence.

\_\_\_\_\_  
Notary Signature

Notary Public,  
In and for the County of \_\_\_\_\_ State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Seal