



## REQUIREMENTS FOR ASSIGNMENT OF LEASE

*All requirements are due by the Fifth of each month, to be approved the 1<sup>st</sup> Saturday of the following month.*

Lessee(s): \_\_\_\_\_ Assignee(s): \_\_\_\_\_

- Completed Assignment Request Form – page requesting transfer, sale etc.
- Copy of Current Identification Cards and tribal registration ID of all parties Seller & Buyer
- If any of the original Lessee's are handled by POA, Executor Personal Rep or other- official documents are required with completed request form.
- Credit Application for new Purchaser
  - Back ground check completed      Staff:  Approved       Denied
- Received Copy of the Sales Contract, Bill of Sale, Quit Claim Deed etc.
- New Lessee has signed the Lease Acknowledgement form and received a copy of the lease policies
- All accounts are paid up to date prior to lease assignment:
  - Lease (Fire/Street light fees)     Water & Sewer     Taxes/LOUT     All other tribal entities
- Print out from MUNIS/HDS included-showing zero balance on current Lessee's account prior to lease assignment
- All Fees are paid in full:
  - \$200 Processing Fee at time application submitted
  - \$8% Transfer Fee due at or before new lease signing
    - Seller     Buyer     Escrow
    - If gifted or private sale (market value x 8% = mandatory transfer fee)
- "Consent of Lessor and Assignment" completed, signed and notarized by:
  - Board of Directors     Old Lessee     New Assignee
- Properly Recorded with Snohomish County

Staff Only:

- Prepare Consent of Lessor and Assignment Request for Board of Directors for Civic Clerk
- Consent of Assignment, Existing or New Lease, & all Reso's sent to legal for review and approval
- HDS/MUNIS new client set up completed
- Completing TSCO's and/or Adjustments on account
- Reviewed by the Asset & Real Estate Manager/Director:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tulalip Housing and Community Department**  
**6406 Marine Drive NW**  
**Tulalip WA 98271**

\* For the purpose of this application the Current Lessee is the Seller and the Assignee is the Buyer.

Below are the requirements that need to be met before a Request for Reassignment will be accepted by the Leasing Department:

- Assignment must be in by the 5<sup>th</sup> of month, if this falls on a weekend the following business day will be acceptable.
- Processing fee is required at time of application and must be paid by cash or card. Must provide Leasing with receipt. (all charges are seller/current lessees responsibility unless otherwise negotiated by both parties and listed in the PSA)
- Current Lessee(s) is responsible for paying the monthly lease payment until all signatures have been obtained by all parties and notarized on the Consent of Lessor.
- The Transfer Fee is to be paid within 30 days from BOD approval of the Consent of Lessor by the Lessee(s). This is 8% of the sales price.  
(all charges are seller/current lessees responsibility unless otherwise negotiated by both parties and listed in the PSA)
- Must provide proof that all accounts are current, and there is no outstanding debt for any of the following:
  - Water/Sewer (Utilities Dept)
  - LOUT/Taxes (Tax & Licensing Division)
  - Land Lease
  - Fire District Dues
  - Street Light fees
- Assignee(s) must provide 2 years of W-2's, Bank Statements or Income verification, Drivers license, If tribal proof of enrollment and per capita verification. And any other forms of income ie; social security, disability, fish tikets, etc.

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



Completed by the Seller

Request for Assignment of Lease

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

Written Request from the Seller(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

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

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

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

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

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

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

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

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

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

8% Transfer Fee \$ \_\_\_\_\_

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

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

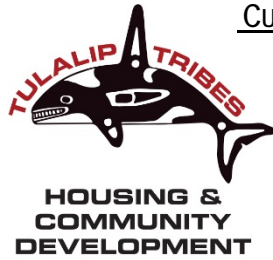
Address: \_\_\_\_\_

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

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

.....  
TO BE COMPLETED BY TULALIP LEASING DEPARTMENT

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



**Tulalip Tribes Housing & Community Development Department**  
**ALSO ATTACH RELEASE OF INFORMATION**

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

**Name:** \_\_\_\_\_ **Tribal ID or Drivers License:** \_\_\_\_\_

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

**This Section is to be completed by All Tribal Entities:**

Tulalip Tribes Finance: (Tribal Member Only)	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Tribes Utilities:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Salish Networks:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tax & Licensing Dept:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tribal Court:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Housing Dept:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Land Lease: (Street Lights & Fire Dist)	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date

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**This Section To Be Completed By The Applicant:**

By signing below, I acknowledge that this information is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*All applicants over the age of 18 must complete a separate form



**AUTHORIZATION TO RELEASE INFORMATION TO BUYER, REALTORS, AND/OR CLOSING AGENT**

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

\_\_\_\_\_

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

By signing below, I/we authorize **The Tulalip Tribes Leasing Department** to release information about my/our lease to the Buyer, Realtor for the Buyer, my/our Realtor, and/or any Organization designated as the closing agent on the property mentioned above. This authorization includes, but is not limited to, providing the Realtors, Buyer and/or any Organization designated as the closing agent on the property mentioned above with 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 that is needed to assist in closing.

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

_____	_____	_____	_____
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



**Assignee/Buyer(s) Income verification Form**

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

***MUST PROVIDE: Previous 2 years W-2 forms, 1099Misc/Percap and/or SSI/Disability to verify income & a current bank statement/Paystub.***

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

Current Lease Holder Name: \_\_\_\_\_ Lot # \_\_\_\_\_

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

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

SS# \_\_\_\_\_ (self/applicant)

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

Driver's License Number: \_\_\_\_\_

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

How Long: \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Phone#: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly \_\_\_ Weekly \_\_\_ Yearly \_\_\_

Previous Employer: \_\_\_\_\_

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

Position Held \_\_\_\_\_ How Long \_\_\_\_\_

SS# \_\_\_\_\_ (co applicant)

Spouse/Co Applicant Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

How Long: \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Phone#: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly \_\_\_ Weekly \_\_\_ Yearly \_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ How Long \_\_\_\_\_

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

Current Mortgage/Landlord: \_\_\_\_\_  
Monthly Amount: \_\_\_\_\_  
Car Financed By: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Banking Institution: \_\_\_\_\_  
City & State: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

SIGANTURE OF CO APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

Printed 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.

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

**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.

_____	_____	_____	_____
Head of Household	Date	Spouse	Date
_____	_____	_____	_____
18 yrs and older	Date	18 yrs and older	Date
_____	_____	_____	_____
18 yrs and older	Date	18 yrs and older	Date





**2.0 PAYMENT OF TAXES AND ASSESSMENTS:**

Lessee will pay or cause to be paid at least ten (10) days before the same become delinquent any and all real, leasehold and/or personal property taxes and assessments of every description imposed by Lessor or other governmental authorities to which Lessee, this lease, or any interest therein, said premises or any part thereof, or any improvement thereon, or to which Lessor or Lessee, in respect thereof are now or may, during said term, be assessed or become liable, whether assessed to or payable by Lessor or Lessee; and shall provide written verification on a annual basis to the Lessor. Provided however, that with respect to any assessment made under any betterment or improvement law or special assessment which may be payable in installments, Lessee shall be required to pay only such installments, together with interest, as shall become due and payable during said term.

**3.0 PAYMENT OF RATES AND OTHER CHARGES:**

Lessee will pay, before the same become delinquent, all charges, duties, rates and other outgoings of every description to which said premises or any part thereon, or to which Lessor or Lessee, in respect thereof, may, during said term, be assessed or become liable for electricity, gas, garbage and refuse collection, telephone, cablevision, sewage disposal, water or any other utility services, whether made by any governmental authority or public or community service companies by Lessor, and whether assessed to or payable by Lessor or Lessee. All such services when required shall be hooked-up or obtained at Lessee’s sole cost and expense.

**21.0 REMOVAL OF AND TITLE TO IMPROVEMENTS:**

21.1 Structures, installations, foundations or improvements of any kind now existing or hereafter placed on the leased premises or tidelands by Lessee are, shall be and remain personal property of the Lessee, and shall be removed by Lessee at his sole cost and expense within sixty (60) days after the expiration of the term of this lease or sooner termination thereof. Lessee shall not habituate upon the leased premises during this period. No later than the expiration of the time aforesaid, the Lessee shall also restore the grounds and surface of the leased premises to a level, graded condition.

21.2 If the Lessee fails to completely remove such structures, foundations, installations, or improvements or restore the grounds and surface within said sixty (60) days, title thereto shall then immediately vest in the Lessor at the option of Lessor. Should the Lessor in his reasonable judgment be required to remove or demolish said improvements or restore the grounds and surface of the leased premises after the expiration of the time aforesaid, then the cost thereof shall be chargeable to the Lessee.

21.3 Machines, appliances, equipment, furniture, and fixtures of any kind now existing or hereafter placed on the leased premises or tidelands by Lessee shall be removed by Lessee within sixty (60) days after the expiration of the term of this lease or sooner termination thereof; PROVIDED HOWEVER, Lessee agrees to repair any and all damages occasioned by the removal thereof. If any such machines, appliances, equipment, furniture, and trade fixtures are not removed within sixty (60) days after the termination of this lease, the same may be considered abandoned and shall thereupon at the option of the Lessor become the property of the Lessor without cost to the Lessor and without any payment to Lessee; except that the Lessor, at its sole option, shall have the right to have the same either removed and stored or otherwise disposed of all at the expense of Lessee.

21.4 During any period of time employed by Lessee under this section to remove structures, foundations, installations, improvements, machines, appliances, equipment, furniture, and fixtures or restore the grounds and surface, Lessee shall pay to the Lessor a prorated sum equal to 200% of the last established rent amount calculated on a per diem basis

New Lessee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

New Lessee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

LESSEE )  
STATE OF WASHINGTON, ) ss.  
COUNTY OF SNOHOMISH, )

On this day personally appeared before me, \_\_\_\_\_ to me known to be the individual (s) described in and who executed the within and foregoing instrument, and acknowledged to me that he/she assigned the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State

of Washington, residing at \_\_\_\_\_.

Commission Expiration \_\_\_\_\_, 20\_\_

LESSEE )  
STATE OF WASHINGTON, ) ss.  
COUNTY OF SNOHOMISH, )

On this day personally appeared before me, \_\_\_\_\_ to me known to be the individual (s) described in and who executed the within and foregoing instrument, and acknowledged to me that he/she assigned the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State

of Washington, residing at \_\_\_\_\_.

Commission Expiration \_\_\_\_\_, 20\_\_