



REQUIREMENTS FOR
ASSIGNMENT OF LEASE DUE TO DEATH OF LESSEE

All requirements are due by the 5th of each month, to be approved the 1st Saturday of the following month.

Lessee(s): _____ Assignee(s): _____

- \$200.00 Assignment Processing fee – due at time of submittal
*current leaseholders' responsibility
- Completed Assignment Request Form from Executor/Current leaseholder
- Provide copy of Driver's License or Tribal ID for both current & new lessee
- Credit Application for new lessee
- Income verification for buyer(s) required
- All accounts are paid up to date prior to lease assignment (won't be assigned if any outstanding debt)
 - Lease
 - Water
 - Sewer
 - Taxes
 - Cable/Internet
- Print out from MUNIS/HDS included-showing zero balance on current Lessee's account prior to lease assignment, and from the other listed departments
- Property Owner & Tax Payer information changed at Sno. County Treasure & Assessors Office

ONE OR MORE OF THE FOLLOWING:

- Copy of Death Certificate
- Certified copy of Letters of Administration or copy of Court Order granting authority to assign the lease
- Copy of decree of distribution or Community Property Agreement
- Copy of the Will and or POA/Attorney in Fact Documents

Staff Only:

- Prepare Consent of Lessor and Assignment Request for Board of Directors for Civic Clerk
"Consent of Lessor and Assignment" completed, signed and notarized by:
 - Lessee/Seller
 - Assignee/Buyer
 - Board of Directors
- Consent of Assignment, Existing or New Lease, & all Reso's sent to legal for review and approval
- HDS/MUNIS new client set up and file completed

Date fully executed application was received:

Signature _____ Date _____



Completed by the Seller & Buyer

Request for Assignment of Lease

Lot # _____ Plat # _____ Lease Term: _____ Years Remain: _____

Written Request for assignment from the Seller(s): _____

Lessee Signature

Date

Lessee Signature

Date

Current Lessee: _____

Assignee: _____

Current Lessee: _____

Assignee: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Gross Sale Price \$ _____

Escrow: _____

8% Transfer Fee: \$ _____

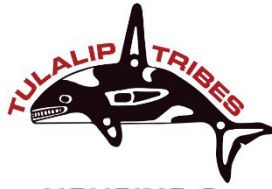
Contact Person: _____

Processing Fee: \$200.00 due w/application

Phone: _____

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

Account Balance: _____ Initials _____ Date _____



HOUSING &
COMMUNITY
DEVELOPMENT

Tulalip Tribes Housing & Community Development Department SELLER/CURRENT LEASEHOLER

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 Membership: (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
Tribal Court:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Housing Dept:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
LOUT (taxes):	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Land Lease:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date

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

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



Assignee/Buyer(s) Income verification Form

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

MUST PROVIDE: Last 2 years of W-2 forms, or General Welfare Distribution Letter, current SSI/Disability statement, last 3 paystubs to verify income & most current bank statement.

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 _____

Additional Requirements Must be filled out:

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: _____

SIGNATURE OF CO APPLICANT _____ Date _____

Printed Name: _____



**HOUSING &
COMMUNITY
DEVELOPMENT**

Tulalip Tribes Housing & Community Development Department BUYERS/NEW LESSEE'S COPY

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 Membership: (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
Tribal Court:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Housing Dept:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
LOUT (taxes):	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Land Lease:	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date

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*



Financial Acknowledgment Form of Tulalip Land Lease

***Must be completed prior to turning in assignment**

Buyer/New leaseholder: _____

Mailing Address: _____

Forwarding address if applicable: _____

Contact Number: _____

Email: _____

SSN# _____

SSN# _____

DL# _____

DL# _____

It is hereby agreed by and between The Tulalip Tribes, lessor, and _____, new lessee(s), that the monthly land lease agreed upon by the lessee in the executed lease dated, _____, **that any amount owing for said lessee will be paid in full before they may assign, or sublet the lease including but not limited to Land Lease, Utilities, LOUT and or all other assessments.**

I understand that per my lease, the said lease terms require me, said lessee, to have all land lease payments and assessments such as; yearly \$25.00 Street Light & \$35.00 Fire District dues, LOUT and all accounts current and up to date at the time of the request to assign and paid throughout the duration of said assignment, up until the day of closing.

Initial(s) _____

PAYMENT TERMS during assignment. The Lessee(s) Land lease payment terms before and during said assignment shall be paid through: (circle one)

Closing/Escrow/Title Office General Welfare Deduction Personal Payment Initial(s) _____

1.0 Rental: Lessee agrees and covenants to pay without further demand to the Lessor fixed rent(s) without offset or deduction for each and every lease year during the term hereof, payable in advance and in accordance with the rental option selected for either annual or monthly payment(s) as set forth below, their obligation to pay commencing on the effective date set forth above and thereafter on the first day of the year or month, as the case may be, during said term of this lease and as the same shall be adjusted.

Monthly rent shall be paid by the Lessee to the Lessor by the 1st day of the month for each month during the term of this lease; in the amount of \$ _____.

Initial(s) _____

1.3 Late Charge: If the Lessor has not been paid the full amount of any rental or other charge or payment due hereunder by the end of five (5) calendar days after the date it is due, the Lessees will pay a one-time late charge per due item to the Lessor. Late charges will be \$35.00 or Fifteen percent (15%) of the overdue payment(s) whichever is greater. The late charge shall be due and payable within thirty (30) days of its billing. In the event the Lessee shall fail to pay when due any rental sums or other charges incurred or payable hereunder to the Lessor, such amounts shall incur interest at the rate of twelve (12) percent per annum.

Initial(s) _____

1.4 Rental Payment: All rentals due hereunder shall be paid directly to the Lessor by U.S. mail, commercial express, or during regular business hours at the Finance office of the Lessor, 6406 Marine Drive, Tulalip, Washington 98271. Rent shall not be deemed paid until received.

11.4 Procedure and Processing Fee: No such assignment or sublease shall be effective to transfer any interest in this Lease unless the Lessor shall have first received in writing Lessee's request together with true executed copies of such proposed transfer, assignment or sublease, and all papers, documentation and other materials relating to the transfer of any interest in improvements located upon the demised premises, including the gross sales price or other consideration or value of the transfer of any interest of the Lessee in the demised premises and improvements located thereon, together with a **Processing Fee of \$200.** The Processing Fee is due by and charged to the seller, current lessee(s), lease account and will only be refunded to the seller if requested upon due to rescission the assignment.

Initial(s) _____

11.5 Transfer Fee: following the granting of Lessee's request by the Lessor as described in section 11.4 above, the Lessee shall pay or cause to be paid to the Lessor, in recognition of the appreciated value of the leasehold, the negotiated and agreed rental schedule of this lease, and in consideration of the terms, covenants and conditions of this Lease including those privileges granted in this section 11.0, without further demand, a transfer fee in cash equal to eight percent (8%) of the gross sales price or other consideration or value of the transfer of any interest of the Lessee in this lease including the demised premises and improvements. Transfer fee is due by and charged to the seller, current lessee(s), and if seller and buyer have negotiated that the buyer is to pay said fee then it must be in writing or in Purchase contract to charged differently.

Initial(s) _____

Default

If above mentioned lessee(s) are in default and in the Notice to Quit lease process, lessee(s) acknowledges that this will not cancel the Notice to Quit. And If the home is listed for sale, until the lease transfer has been fully executed and to which payment has been received in full the process will continue. If the lease transfer is not executed it will resume the Notice to Quit process and lessee will be responsible for any fees acquired and additional monthly lease payments due during this time until closing, including legal fees.

Initial(s) _____

Signature of New lessee(s)

Lessee

Date

Lessee

Date

LESSEE (s))
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____

Department Staff:

Housing & Community Development Dept.

Date

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 an 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.

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.

REMOVAL OF AND TITLE TO IMPROVEMENTS:

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.

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.

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.

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 ____



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