



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
- Complete Assignment Request Form and provide copy of driver's license or ID
- Credit Application for new Purchaser
- Income verification for buyer(s)
- Copy of Certificate of Death
- All Accounts are paid and up to date
 - Lease
 - Water
 - Sewer
 - Taxes
 - Cable/Internet

ONE OR MORE OF THE FOLLOWING:

- Certified copy of letters of administration and or copy of Court Order granting authority to assign the lease
- Copy of decree of distribution
- Community Property Agreement
- Copy of the Will and or POA Documents
- "Consent of Lessor and Assignment" completed and notarized
- Reviewed by the Housing Community Development Manager/Director:

Signature

Date



Completed by the Seller

Request for Reassignment 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: _____

Phone: _____

Phone: _____

Gross Sale Price \$ _____

8% Transfer Fee \$ _____

Escrow Holder: _____

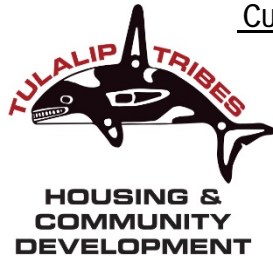
Contact Person: _____

Address: _____

Phone: _____

.....
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

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 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: _____

Buyer/ New Lessee



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



Lease Acknowledgment Form

(Must be completed prior to turning in re-assignment signed and initialed)

Lease Account # _____ Property Address _____

Mailing Address _____

New Lessee/assignee(s) _____

SSN# _____

SSN# _____

DL# _____

DL# _____

It is hereby agreed by and between The Tulalip Tribes, lessor, and _____, new lessee that Lease No. _____, has been given a copy of existing lease and has reviewed and agreed to all terms of lease, including but not limited to the items on page two of this packet.

Once the request for assignment application is deemed complete to move forward to legal review and BOD approval the lessee(s) and assignee(s) will come in and sign the Consent of Lessor and Assignment prior to BOD approval. To clarify that even though the lessee(s) and assignee(s) have signed such document that it does not mean the transfer of lease is fully executed nor transferred. It is not an executed document until the chairperson and secretary have signed and notarized the document. In addition to this the lease transfer does not mean the sale of the home is complete. The documents get handed off to the Agent or Lending company to be recorded at the time of closing with the county, to which afterwards a signed original of the consent of lessor and assignment will be distributed to all parties.

Lessee Date

Lessee Date

HCD Manager or Director 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__