

REQUIREMENTS FOR SUBLEASE

Complete Sublease Request form
Credit Application for new Sub lessee
Copy of the Rental Agreement must be provided to the Leasing Department
Lease account and Water/Sewer accounts MUST BE PAID up to date prior to the transfer of this lease by assignment
Provide proof that all taxes are paid up to date from the Snohomish County Assessors.
Processing Fee of \$200 is paid in advance to Leasing Department
Sublease Agreement completed and notarized.



REQUEST FOR SUB LEASE

Lot #	Plat	Lease Term:
Written Request:		
Lessee Signature		Date
Lessee:		Sublessee:
Address:		Address
Phone:		Phone:
Contact Person	44-	
Phone:		



Leasing Department 6319 23rd Ave. NE Tulalip, WA 98271 Lease Assignment will not be processed unless all information requested is provided 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 _____ Phone No. _____ Address _____ Position Held _____ _____ How Long _____ Monthly Income _____ Other Income _____ Source ____ Previous Employer _____ Address Position Held _____ How Long Employer ____ Name of Spouse How Long Employed _____ Monthly Income ____ Phone No. ____ Length 3 Non Family References: Address Phone Number 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 authinformation about my/our leauthorization includes, but i any oral or written informat lease.	ease tos not limited to, prov	viding copies of any orig	This inal documents and/or		
I/We agree to release The Successors, and assigns from information.					
I/We understand that this At Tribes Leasing Department		y be revoked by me/us b	y notifying <u>The Tulali</u>		
Lessee	Date	Lessee	Date		
State of	County	of			
On	, the Lessee (s),				
came before me personally and, u		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:					