



TRIBAL MEMBER 50yr GROUND LEASE Application

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

Lessee: _____

- \$200 Processing Fee at time application submitted
- Completed Assignment Request Form
- Copy of Current Identification Cards and Tribal Registration ID
- Tribal Member credit form
 - Back ground check completed Approved Denied
- All accounts are paid up to date prior to lease assignment – Debt Form completed
 - Lease Water Sewer Taxes
- Income Verification
- Mutual Cancellation – for current 15-year or 30-year ground lease in place

Asset& Real Estate:

- Prepare New lease document and New Resolution for the Board of Directors
 - Provide mutual cancellation, and old resos and/or assignments for legal
- Lease completed, signed and notarized by:
 - Board of Directors Lessee(s)
- Reviewed by the Asset & Real Estate Manager:

Signature

Date



Request for Tribal Lease

Lot # _____ Plat # _____ Lease Term: _____

Written Request from the Lessee: _____

Lessee Signature

Date

Lessee Signature

Date

Lessee: _____

Lessee: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Tribal ID #: _____

Tribal ID #: _____

Housing & Community Development staff:

Account Balance: _____ Initials _____ Date _____

Date Received: _____ By Who: _____



Tribal Member Ground Lease Credit Form

SS# _____ (self) ID: _____ SS# _____ (spouse) ID: _____

MUST PROVIDE: previous year w-2 forms to verify income, current bank statement, and per capita verification from finance, and or other income sources.

CONFIDENTIAL INFORMATION (Please complete fully) Date _____

Lease Holder Name _____ Lot # _____

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 _____



Tulalip Tribes Housing & Community Development Department Delinquent Debt Form

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

Name: _____ **Tribal ID:** _____

Address: _____

This Section is to be completed by All Tribal Entities:

Tulalip Tribes Finance:	_____	_____	_____	_____
	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 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

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:

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.

ORIGINAL

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 _____, 20__.

NOTARY PUBLIC in and for the State

of Washington, residing at _____.

Commission Expiration _____, 20__

LESSOR)
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 _____, 20__.

NOTARY PUBLIC in and for the State

of Washington, residing at _____.

Commission Expiration _____, 20__

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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 _____, 20__.

NOTARY PUBLIC in and for the State

of Washington, residing at _____.

Commission Expiration _____, 20__