

Application for Residential Land Lease

This application must be signed and dated by the applicant(s) with all required supporting documentation.

Please read the Residential Land Lease Policy before submitting this application. Housing will not accept applications without supporting documentation. The Housing Department may, at any time, require a list of all occupants anticipated to reside at the Leasehold Property.

<u>HOUSING USE ONLY</u>
Housing Department: _____
Date Received _____
Application No: _____
Date Submitted to Tribal Council _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied

I. PERSONAL INFORMATION

1. Name(s) of Applicant: _____
- | | | |
|-------|-------|---------|
| Last | First | Initial |
| _____ | _____ | _____ |
| Last | First | Initial |
| _____ | _____ | _____ |
2. Mailing Address: _____
- | | | | |
|--------|-------|-------|----------|
| Street | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
3. Phone Number: () _____
- Alternate Number: () _____
4. Email Address: _____

II. PROPERTY LOCATION

1. List Property Location: _____

III. APPLICATION REQUIREMENTS

- Current Tribal Membership Card(s)
- Mortgage Qualification Letter, Mortgage Preapproval Letter, or Proof of Self-financing
- Itemized List of costs for home relocation (Manufactured or Mobile Homes)
 - Certificate of Ownership
 - Proof of Homeowners Insurance
 - Inspection Report from the Tribal Code Compliance Officer

I attest that I am at least 18 years of age and all the information and documentation provided in this application is true and correct.

Print name and signature

Date

Applications must include all required supporting documentation as described in the Residential Land Lease Policy. The Housing Department shall not process the application or submit incomplete applications to the Tribal Council until the applicant has provided all supporting documentation. Applications will be given priority and processed in order of completion and acceptance by the Housing Department.