



Tulalip Bay Rental Application

This application and its attachments will be verified by a 3rd party.

REQUIREMENTS AT TIME OF APPLICATION:

Time of application submittal:

- Completed Rental Application
- Attach copies of current driver's license and Tulalip Tribal identification for all household members over the age of 18
- Attach proof of income by providing copies of pay stubs (minimum of 3 stubs)
- If applicable provide General Welfare income verification
- Provide proof of rental history for the past three (3) years ***page 3***
- Signed Authorization to Release Information form for all family members over the age of 18

Upon lottery drawing selection:

- Completed Tribal Debt Form (signed by each tribal entity) ***page 4***
- Urinalysis completed with the CDACD within 48 hours of drawing time (\$12.00 fee payable to the Cashiers window prior to testing) CDACD **360-716-4153**
- Background check completed by Tulalip Asset & Real Estate Department staff
- Receipt of the **\$51.00** nonrefundable application fee turned into the Leasing Department. Fee is due upon selection and must be in the form of cash, a cashier's check or money order (made payable to: Asset & Real Estate. *Payments are to be made at the Cashiers window.*

Cashiers window **360-716-4353**

**APPLICANT(S) MUST SUBMIT RECEIPT OF SECURITY DEPOSIT
EQUAL TO ONE MONTH'S RENT PAID TO TULALIP TRIBES UPON LOTTERY SELECTION**

The Tulalip Tribes are the successors in interest to the Snohomish, Snoqualmie, Skykomish, and other allied tribes and bands signatory to the 1855 Treaty of Point Elliott.





Tulalip Bay Rental Application *(continued)*

NOTE: This application is subject to verification

Applicant Name: _____ Driver's License #: _____

Co-Applicant Name: _____ Driver's License #: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate/Message Phone: _____

Email: _____

Preferred number of bedrooms: 1 2 3 4 or more _____

HOUSEHOLD COMPOSITION: List the Head of Household and ALL persons who will be living in the rented unit.
Applicant must submit copies of Tribal identification cards for all Tulalip Tribal members in the household.

First Name	Last Name	Relationship	Birth Date	Tribal ID	Social Security Number

INCOME INFORMATION: List below all sources of income for every family member. This information will be verified before the application will be considered for tenancy. Items that must be listed include: Wages, public assistance, all benefit payments, income from a business, child support, fishing income, per capita payments, etc. Include all income you are now receiving or expect to receive during the next twelve (12) months.

NOTE: Copies must be attached to application.

Family Member	Source of Income	Amount	Payment Basis (Weekly, Monthly, Etc.)



Tulalip Bay Rental Application (continued)

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Name of Current Landlord: _____ Contact #: _____

Previous Address: _____ How Long: _____

Name of Landlord #2: _____ Contact #: _____

Previous Address #2: _____ How Long: _____

Name of Landlord #3: _____ Contact #: _____

Previous Address #3: _____ How Long: _____

Have you been evicted from any home during the last 7 years? Yes No

If yes, please explain:

OTHER INFORMATION:

Childcare Expenses: Yes No Amount: _____ Weekly/Monthly? _____

Does any member of your household have any special needs due to a disability? Yes No

If yes, please explain:

Have you, or a member of your family been convicted of a crime? Yes No

If yes, please explain:

Do you have any pets? Yes No Please describe how many (breed, size, color, etc.):

VEHICLE INFORMATION:

Make	Model	Financed	Monthly Payments

I/We certify that all information provided in this application is true, complete, and accurate to the best of my/our knowledge. I/We authorize the Tulalip Tribes Leasing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of tenancy. I/We understand that if more than one applicant applies for the same rental unit that the Tulalip Tribes Asset & Real Estate Department will select the tenant through a lottery selection.

Date Applicant Signature Print Name

Date Co-Applicant Signature Print Name



Tulalip Bay Rental Application *(continued)*

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Also attach Release of Information with application.

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

Tulalip Tribes Finance: _____
Authorized Official Title Date

Tulalip Tribes Utilities: _____
Authorized Official Title Date

Tulalip Broadband: _____
Authorized Official Title Date

Tulalip Housing Dept.: _____
Authorized Official Title Date

Tulalip AARE Dept.: _____
Authorized Official Title Date

Tulalip Tribal Court: _____
Authorized Official Title Date

"We are here as a team to work for our people."





Tulalip Bay Rental Application (continued)

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THIS SECTION TO BE COMPLETED BY THE APPLICANT:

By signing below, I acknowledge that everything stated in this application, and included attachments, are true and correct.

_____	_____	_____
Date	Applicant Signature	Print Name
_____	_____	_____
Date	Co-Applicant Signature	Print Name

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.

Alliance 2020 is the consumer reporting agency who will be compiling your consumer report. You have the right to obtain a free copy of your consumer report in the event of a denial or adverse action, and to dispute the accuracy of the information appearing in the consumer report. All inquiries may be directed to:

Alliance 2020, Inc.	Phone:	Fax:
P.O. Box 4828	425.271.8065	425-227-9246
Renton, WA 98057	800.289.8065	800-289-9246





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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 Employer
- Welfare Agencies
- Courts
- Social Security Administration
- Medical and Child Care Providers
- Any Tribal Entity
- Law Enforcement Agencies
- Central Drug & Alcohol Testing Program
- Past and Present Employers
- Veterans Administration
- Retirement Systems
- State Unemployment Agencies
- Schools and Colleges
- Utilities Companies
- Support and Alimony Providers

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.

Date	Head of Household
Date	18 Years and Older
Date	18 Years and Older
Date	18 Years and Older

TDS-36848 (Rev. 06-2021)