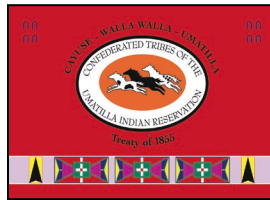


**Confederated Tribes of the  
Umatilla Indian Reservation**

Department # (541) 276-3099  
Direct Fax: (541) 429-EXT#



**Tribal Planning Office**  
**46411 Timine Way**  
**Pendleton, OR 97801-9467**

Email: [Planning@ctuir.org](mailto:Planning@ctuir.org)  
Website: <http://www.ctuir.org>

*Development Permits • Environmental Health & Safety • Kayak Public Transit • Zoning*

## Eligibility Verification Form

99-Year Residential Lease Purchase

### Primary Applicant

Check all that apply:

- An enrolled member of the Confederated Tribes of the Umatilla Indian Reservation. (Please provide copy of Certificate of Indian Blood along with this form.)
- Eighteen (18) years of age, or older.
- Parent or legal guardian of an enrolled CTUIR Tribal Member who is a minor.
- Legal guardian of a CTUIR Tribal Member who is an incapacitated adult.
- In good financial standing with all CTUIR entity loan programs and services. ("Good financial standing" means you are not in default with any CTUIR entity program and/or service.)
- Not currently a party to another long-term residential lease on tribal trust land.
- Has not caused tribal trust lands to pass into fee status through sale.

Legal Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tribal Enrollment Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

By signing below, I affirm that the information provided above information is correct and true to the best of my knowledge. I agree to allow the Tribal Planning Office to verify my tribal enrollment status with the CTUIR Tribal Enrollment Office. I also agree to allow the Tribal Planning Office to verify my standing with CTUIR entity programs & services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Joint Applicant

Legal Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tribal Enrollment Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Relationship to Primary Applicant: \_\_\_\_\_

By signing below, I affirm that the information provided above information is correct and true to the best of my knowledge. I agree to allow the Tribal Planning Office to verify my tribal enrollment status with the CTUIR Tribal Enrollment Office. I also agree to allow the Tribal Planning Office to verify my standing with CTUIR entity programs & services.

Signature \_\_\_\_\_ Date \_\_\_\_\_