Application for Land Assignment

Full Name: _____ PH: _____-_____-_____

Current Address: _____ APT_____

_____
City *State* *Zip Code*

E-mail: _____

1st Choice - Land Assignment description: _____
_____
_____
_____

2nd Option - if the first choice is unavailable: _____
_____
_____
_____

I am an enrolled member of the Stockbridge-Munsee Community ('Tribe'). My enrollment number is _____.

Are you applying for a land assignment as a beneficiary? ☐ YES ☐ NO
If yes, from whom? _____

Are you applying for a land assignment relinquished in your favor? ☐ YES ☐ NO
If yes, from whom? _____

Is there a house or other improvements on the land assignment? ☐ YES ☐ NO

Do you own or have an offer to purchase the improvements? ☐ YES ☐ NO

Was the land assignment previously held by your relatives? ☐ YES ☐ NO

Did you have a prior land assignment revoked by the Tribe? ☐ YES ☐ NO

I intend to utilize the land assignment in the following way:

☐ Residential (Time frame for development in *years:*___, if undeveloped)

☐ Other non-commercial use: Specify_____

The land is for use by me and my household consisting of:

	Name of Family Number	Date of Birth	Relationship to Applicant
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

In the event of my death, I designate enrolled member: _____, as the primary beneficiary of the land assignment in accordance with Chapter 40. The primary beneficiary has 90 days from the date of notification by the Land Management Department to apply for the assignment.

If the primary beneficiary is not eligible or does not apply for the assignment within 90 days, then I designate enrolled member: _____, as the second beneficiary. The secondary beneficiary has 90 days from the date of notification by the Land Management Department to apply for the assignment.

Initial: ____ I am aware that if there are no identified beneficiaries or if neither the primary nor the secondary beneficiary applies within the allotted time, the assignment **will revert** to the Tribe.

Initial: ____ I am aware I may change my beneficiary at any time by giving a notarized written notice to the Land Management Department.

Initial: ____ I am aware that any newly opened land assignments and all subdivision assignments are subject to a 2-year development requirement, if no substantial development has taken place the land **will revert** to the Tribe.

Initial: ____ I understand that I am responsible to keep all improvements in good repair and maintain the condition of the land in good order in accordance with: tribal law, including but not limited to the applicable land use ordinance, tribal environmental ordinances, and the public peace and good order ordinance, as amended.

The information contained on this application is true and correct to the best of my knowledge. I understand that the Stockbridge-Munsee Community grants land assignments for the use of tribal land in accordance with Chapter 40, the Land Ordinance in an "as is" condition. I understand that if I fail to comply with the terms of my land assignment application, any conditions contained in the grant of land assignment and the applicable Tribal ordinances, I may lose my land assignment as provided by Tribal law.

Applicant Signature: _____ Date: _____

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LAND COMMITTEE: ☐ APPROVAL ☐ DENIAL Date: _____

_____
Land Committee Member Signature

_____
Land Committee Member Signature

_____
Land Committee Member Signature

Office Use Only

- TRIBAL COUNCIL: ☐ APPROVAL ☐ DENIAL Date: _____
- *Date Grant signed by President/Vice-President:* _____
- *Date Grant signed by Tribal Secretary:* _____