



# Application for Land Assignment

Full Name: \_\_\_\_\_ PH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_ APT \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

E-mail: \_\_\_\_\_

1<sup>st</sup> Choice - Land Assignment description: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> 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*

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Office Use Only

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