

**Real Estate Services Application**

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| **For Department Use Only** |
| IC Number      | Lease Number      |
| If you wish to PURCHASE, check here [ ]  and complete Sections 1, 5, and 6.  | If you wish to LEASE, check here [ ]  and complete Sections 1, 2, 3, 4, 5, and 6. |
| **Section 1. To Be Completed By Applicant** |
| Last Name | First      | Middle Initial | Marital Status |
| Birth Date | Business Name (If Applicable) |
| Mailing Address      | City      | State      | Zip Code      |
| E-Mail Address      | Phone Number      | SWV Number      | Tax ID Number      |
| Name of Employer or Business (If Unemployed Show Last Employer) | Immediate Supervisor      | Work Phone Number       |
| Employer or Business Address      | Monthly Salary (Only If Purchasing)      | How Long In Present Position       |
| Contact Person & Title      | Phone Number      | E-mail Address       |
| Additional Contact Person & Title      | Phone Number      | E-mail Address |
| Mailing Address | City      | State      | Zip Code      |
| Any Additional Parties Involved in Construction or Maintenance      | Email Address      |
| Mailing Address      | City      | State      | Zip Code      |
| Contact Person & Title      | Phone Number      | E-mail      |
| Insurance: [ ] Self-Insured [ ] Commercial Liability Policy |
| **Section 2. Proposal Information** |
| Proposed Use(s)      |
| Location      |
| Requested Lease Period (Years)      | County Or City Tax Parcel Number      |
| **Section 3. Site Improvements Necessary for Applicant’s Use (mark all that are applicable)** |
|  |  |  |
| [ ]  Minor Leveling (Filling Of Pot Holes, Etc.) | [ ]  Vertical Construction | [ ]  Sanitary Sewer |
| [ ]  Substantial Cut Or Fill | [ ]  Electrical Power | [ ]  Lighting |
| [ ]  Paving | [ ]  Storm Sewer  | [ ]  Fence Relocation |
| [ ]  Other (Describe) |
| Note: Please attach map showing trail location and provide evidence the trail is part of a comprehensive trail plan adopted by a federal, state, or local governmental authority. |
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| **Section 4. Trails or Paths Information** |
| Note: Please attach a map showing trail location and provide evidence the trail is part of a Comprehensive Trail Plan adopted by a federal, state, or local governmental authority. |
| Who is to use the trail?  |
| [ ] Pedestrians  | [ ] Bicyclists | [ ] Equestrians | [ ] Other: |
| Comprehensive Trail Plan Title      |
| Is Trail located within Limited Access? [ ]  Yes [ ] No | Is the Trail located within City limits? [ ]  Yes [ ]  No  |
| If Yes, City Name | Estimated Construction Ad Date |
| Additional Information |
| **Section 5. Additional Information To Be Supplied By Applicant** |
| Map showing location of property.      |
| R/W plan sheet showing property location.      |
| The level of environmental documentation required is dependent on the proposed use of the requested property. In some cases, an Environmental Classification Summary (ECS), State Environmental Policy Act (SEPA), National Environmental Policy Act (NEPA), the National Historic Preservation Act, or the Endangered Species Act will be required. To accelerate the lease /disposal process you may include the environmental documentation at the time the application is submitted. Submittal of the application **does not guarantee approval** of the lease/disposal request. |
| **Section 6. Applicant’s Statement** |
| I certify that this information is true and accurate to the best of my knowledge. I understand that you may check my credit records and any statements I have made. I give all my creditors, employers, banks, and previous Landlord’s permission to give you any information you need to determine whether you want to grant me tenancy. |
| Signature of Applicant      | Title      |
| Type or Print Name      | Date      |
| **For Department of Transportation Use Only** |
| Date       | Control Section Number      | Federal Aid Number      |
| RW Plan Sheet Title      | RW Plan Sheet Numbers      |
| Site Location      | Parcel Number       | RW Number       |
| Rental Agreement Number      | State Route       | Milepost       |
| Property Management Specialist Assigned      | Date Assigned      | Charge Codes if Applicable      |
| Specialists Remarks      |
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**Single Family Residential Supplement**

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| **For Department Use Only**  |
| I.C. Number      | Lease Number      |
| **To be Completed by Applicant if Requesting Single Family Residence** |
| Name      | Birthdate      |
| **Spouse** |
| Name      | Social Security or Tax I.D. Number      | Zip Code |
| Home Address | City | State |
| Driver’s License Number | Home Phone      | E-mail      |
| Name of Employer or Business      | Immediate Supervisor      | Work Phone      |
| Employer or Business Address      | City      | State      |
| Zip Code      | How Long in Present Position      | Monthly Salary      |
| **References** |
| Checking Account/Bank Branch      | Checking Account Number      | Savings Account/Bank Branch      | Savings Account Number      |
| Credit Reference      | City       | State       | Account Number      |
| Credit Reference      | City      | State      | Account Number      |
| Nearest Relative, not living with you      | Address      | Relationship      |
| Personal Reference      | Address      | Relationship      |
| Name of Present Landlord      | Address      | Phone Number      |
| **Name(s) and Relationship of All Persons Who Will Occupy Property** |
| Name      | Relationship      | Name      | Relationship      |
| Name      | Relationship      | Name      | Relationship      |
| Name      | Relationship      | Name      | Relationship      |