

HOMESITE APPLICATION

BUREAU OF INDIAN AFFAIRS

SEMINOLE TRIBE OF FLORIDA

APPLICATION FOR USE OF TRUST LAND

APPLICANT(S):

FIRST MIDDLE LAST D.O.B. ENR. #

FIRST MIDDLE LAST D.O.B. ENR. #

MAILING ADDRESS:

STREET OR ROUTE/BOX

CITY STATE ZIP CODE

PHONE NUMBERS:

HOME () **OTHER** ()
I currently reside on the _____ Reservation.

PURPOSE:

HOMESITE ORIGINAL MODIFICATION RENEWAL
TRAILER PERMIT ORIGINAL RENEWAL

LAND LOCATION:

SECTION _____ TOWNSHIP _____ RANGE _____
LOCATED ON THE _____ RESERVATION
ADDRESS: _____

LAND DESCRIPTION:

(Attach legal description, if available; or attach location sketch, aerial photo, or other description using landmarks and approximate distances to clearly establish location.)

LAND CHARACTERISTICS:

_____ ACRES; FRONTAGE: _____; DEPTH: _____;
IMPROVED PASTURE: _____; NATIVE PASTURE: _____; OTHER: _____

I NOW HAVE ASSIGNED TO ME:

_____ NO OTHER TRUST LANDS
_____ OTHER TRUST LANDS DESCRIBED AS FOLLOWS

I am an enrolled member of the Seminole Tribe of Florida and hereby apply for use of the above described trust lands. I understand that should this application be approved and should a Lease/Permit be issued to me, my interest in and use of trust lands shall be subject to the Regulations of the Bureau of Indian Affairs and all regulations, policies, Resolutions, and Ordinances of the Seminole Tribe of Florida and Seminole Tribe of Florida, Inc., now in effect or as may be adopted or enacted in the future. A \$25.00 lease fee is due at time of application.

WITNESS _____
WITNESS _____
WITNESS _____
WITNESS _____

SIGNATURE _____ DATE _____
SIGNATURE _____ DATE _____

****OFFICE USE ONLY****

	DATE	COMMENTS
RECEIVED: LAND USE COORDINATOR	_____	_____
COMMUNITY PLANNING	_____	_____
ERMD (NEPA)	_____	_____
LAND USE COMMISSION	_____	_____
TRIBAL COUNCIL	_____	_____

INSTRUCTIONS

This form may be used only with a Homesite Lease application

Each beneficiary named must be:

An enrolled member of the Seminole Tribe of Florida:

Give full legal name, birth date and tribal enrollment number for each beneficiary named.

DESIGNATION OF BENEFICIARY

In the event of my death during the term of my Homesite Lease, I hereby designate the person named below as the "Primary Beneficiary" to assume all my interest in the leased real property and any improvements thereon. Furthermore, if upon my death, the Primary Beneficiary is deceased, all my interest in the leased real property and any improvements thereon shall pass to the Alternate Beneficiary in order of succession as listed below.

YES...I intend to name a Primary and Alternate Beneficiary(s) for my Homesite Lease

PRIMARY BENEFICIARY:

FULL LEGAL NAME

RELATIONSHIP TO ME

BIRTHDATE

TRIBAL ENROLLMENT NO.

APPOINTED TRUSTEE IF THE NAMED BENEFICIARY(S) ARE MINOR(S):

TRUSTEE - FULL LEGAL NAME

RELATIONSHIP TO ME

BIRTHDATE

TRIBAL ENROLLMENT NO.

ALTERNATIVE BENEFICIARIES:

FULL LEGAL NAME

RELATIONSHIP TO ME

BIRTHDATE

TRIBAL ENROLLMENT NO.

FULL LEGAL NAME

RELATIONSHIP TO ME

BIRTHDATE

TRIBAL ENROLLMENT NO.

Each of the persons I have named above is an enrolled member of the Seminole Tribe of Florida. I understand that this Designation of Beneficiary form will be attached to and become a part of my approved Homesite Lease. I understand that I may change or cancel any beneficiary at any time during my use and occupancy of the leased property and prior to any revocation or termination of my Homesite Lease. To do so, I must file written notice thereof with the Tribal Clerk of the Seminole Tribe of Florida and a copy to the Real Estate Department of the Seminole Tribe of Florida. That notice must be signed and dated by me and witnessed by two persons other than the beneficiaries.

Witnessed By:

1. _____

Signature

Date

2. _____

Notarized By:

Printed Name