



Every person who plans to move to Pikwàkanagàn must obtain permission under the Residency Law before moving to Pikwàkanagàn. This application must be completed and submitted to the Registrar of Residents, Algonquins of Pikwàkanagàn, 1657A Mishomis Inamo, Golden Lake, Ontario K0J 1X0 Phone: 613-265-2800 Fax: 613-625-2332 or www.algonquinsofpikwakanagan.com. Anyone moving into Pikwàkanagàn must abide by the laws developed by the Algonquins of Pikwàkanagàn. Pitbulls, Rotweillers, dog/wolf crossbreeds and villainous (cross) dogs are not allowed in our community. Members are asked to apply so that the First Nation may plan for their needs and to confirm when they became residents. Non-members must apply and should be aware that it is a privilege to live in Pikwàkanagàn and not a right. Non-members do not gain any rights or benefits by living within the community. If you are not a member of the Algonquins of Pikwàkanagàn, a Canadian Police Information Check from your resident country must be attached to this applicaton to be considered.

1. Full Name: Last Name First Middle
2. Your Current Address:
3. Phone No. 4. Member of the Algonquins of Pikwàkanagàn? Yes No
5. Status Number: 6. Date of Birth:
7. Marital Status: (please circle) Married Single Common-law Widow/er Divorced Separated
8. Your previous address:
8. Spouse Name: D.O.B.
9. Is your spouse a member? Yes No 10. Spouse Status #:
11. Your relationship to a member: 12. Date of planned move:
12. Where do you plan on moving into:
13. Owner of House: 17. Is it suitable to house your family?

Please advise the Registrar of Residents when you actually move to Pikwàkanagàn so that your name may be added to the Residence List.

I, do grant permission for
Owner or Tenant Name of persons moving into your house
to reside at Address of house Signature of Owner or Tenant

14. List any dependent children that will be moving to Pikwàkanagàn with you, their date of birth and if they are members of the Algonquins of Pikwàkanagàn or entitled to be members. Anyone who is over 18 years of age must complete their own application.

Table with 3 columns: Dependant, DOB, Status No.

15. I hereby authorize the Algonquins of Pikwàkanagàn to contact persons and/or organizations named in this application and its attachments, or any other as they require, to verify the information for the purpose of evaluating my application for residency in Pikwàkanagàn. I hereby declare that the information is accurate and true to the best of my knowledge. I also give permission for my information to be updated on the IRS system within Indian & Northern Affairs to indicate that I reside on reserve.

Date Applicant's Signature Spouse's Signature

FOR OFFICE USE ONLY:
Date application received: Date reviewed:
Decision: Date: Date moved on:
Reasons:
Date Posted: Date Appeal Period Ends:
Date Referred to Appeal Board: Reason for referral:
Recommendation of Board: Date of Council's decision:
Date Appellant advised: