



NON - MEMBER APPLICATION TO RESIDE IN PIKWAKANAGAN

(Law No. 2004-01)

- All must register by application and receive permission to reside in Pikwakanagan prior to their move.
- Your name will be posted at the Administration Office. This information is required to access certain Pikwakanagan programs and services such as School Bus Transportation and Housing etc.
- Pikwakanagan's laws are available at the Administration Office and it will be your responsibility to be informed.

Please note anyone who is 18 or older must submit Canadian Police Information Check (Provincial—Level 1) with the application

Complete and submit the Application to:

Registrar of Residents, Algonquins of Pikwakanagan First Nation, 1657A Mishomis Inamo, Pikwakanagan, ON K0J 1X0

Tel: 613-625-2800 Fax: 613-625-2332 / mgr.lem@pikwakanagan.ca **Incomplete applications will not be considered**

A. Applicant

1. Full Name: _____ 2. Date Of Birth: _____

3. Current Address _____
Street # Street City/Town Province Postal Code

4. Address you are applying to reside at: (*Homeowner must complete Section B*) _____, Pikwakanagan, ON K0J 1X0
Street # Street

5.If applying for Band Rental - Housing, please circle: *Band Rental – Housing*

6. Phone Number(s): _____ 5. Email Address: _____

7. Marital Status: Married Single Common-Law Widow Divorced Separated

a) Relationship to member: Common law /Spouse: _____ Parent/Guardian: _____

8. List dependent children that will be moving to Pikwakanagan with you:
Dependent Name DOB Status No. and First Nation

9. Do you own a dog? Yes _____ No _____ How many?: _____ What Breed(s)? _____
(Pitbulls, Rotweillers, dog/wolf crossbreed and villainous (cross) dogs are not allowed in Pikwakanagan)

10. Date of Planned move: _____

11. Is your Canadian Police Information Check attached? YES NO Application will not be processed until it is received

12. Place of employment: _____

13. If not employed, indicate your means of income: _____

14. Indicate where you have volunteered in the past: _____

15. Indicate what if any cultural skills you may possess: _____

I hereby authorize the Algonquins of Pikwakanagan First Nation to contact persons and/or organizations named in this application or any other person to verify information for the purpose of evaluating my application for residency in Pikwakanagan. I hereby declare that the information is accurate and true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

B. Homeowner: Is your home suitable? _____

I _____, do grant permission for _____
Owner of Residence Name of Applicant

to reside in my home located at: _____
Address of Residence

I agree to advise the Registrar immediately when the non member no longer resides at my residence. I agree to advise the Registrar when the non-member dependants are no longer considered dependants.

Home Owner's Signature: _____ Date: _____

DECISION

Member Application received on _____ was assessed based on information provided in accordance with Residency Law Sections 3.2 & 6.2 as follows:

Place to Reside: _____ Adequate Housing: _____ Employment: _____ CPIC: _____ Other: _____
See Section 6.2 c), e) & h)

PERMISSION to reside in Pikwakanagan is granted to: _____

Effective: _____.

Provide reasons if denied: _____

Registrar's Signature: _____ Date: _____