



**APPLICATION FOR TEMPORARY RESIDENCY ON THE SUCKER CREEK INDIAN
RESERVE**

*****Please Note: Council Will Not Review This Application Until, a Criminal Record Check (CPIC) and Child Welfare Check (CWIS) are PROVIDED. *****

PLEASE PRINT?

A. APPLICANT BACKGROUND

Surname: _____ Given Names: _____

Mailing Address: _____ Phone: Home: _____

_____ Work: _____

Postal Code: _____

Date of Birth: _____

Sex: _____

Employer: _____

Job Positions: _____

Please list the name (s) and age (s) of any children under the age of 18 who reside with you.

B. REASONS FOR SEEKING RESIDENCY

Please indicate any reasons for seeking residency

Do you intend to reside at a specific residence on the reserve?

_____ Yes _____ No

At whose residence do you wish to reside on the Reserve?

Do you have permission to reside at a specific residence? _____

(A letter from the home owner giving permission must be attached to this application?)

Do you understand that your residency will terminate if that permission is revoked? _____

How long do you wish to reside on the Reserve?

Are you a Status Indian?

Treaty Number: _____

Band Name: _____

Names addresses and telephone numbers of three persons we may contact for character references:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

(Applicants may enclose "Letter of Reference" which comments upon the character and background of the applicant.)

C. I, _____ will, if granted residency, uphold the customs, traditions and laws of the Band and maintain the peace, order and harmony of the Reserve

D. I, _____ make this application conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

Alberta, on _____

A Commissioner for Oaths

Applicant Signature

Print Name and Expiry Date

MAIL THIS APPLICANT WITH NECESSARY DOCUMENTS TO:

Chief and Council
Sucker Creek First Nation
P.O Box 65
Enilda, Alberta T0G 0W0