

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT (the “Act”)
REGULATION #2018-1**

Adopted by the Council on June 19, 2018 Replaces Regulation 2015-3

1. The attached forms shall be used by applicants seeking residency on Sawridge Lands. These forms include:
 - a. Temporary Guest Permit Application Form for Applications pursuant to Section 13 of the Act;
 - b. Spousal Residency Application Form for Applications pursuant to Section 14 of the Act;
 - c. Sawridge Lands Residency Application Form for Applications pursuant to Section 17 of the Act;
 - d. Section 7(2) Grandfathered Residency Application Form for Applications pursuant to Section 7(2) of the Act;
 - e. Temporary Residency Application Form for Applications pursuant to Sections 11 or 12 of the Act;
 - f. Staff Apartment Residency Permit Application pursuant to Section 28.1
2. The attached Residency Permit forms may be used when a Residency Permit is approved. These forms include:
 - a. Temporary Guest Permit for Permits granted by the Council pursuant to Section 13 of the Act;
 - b. Spousal Residency Permit for Permits granted by the Council pursuant to Section 14 of the Act;
 - c. Provisional Residency Permit for Provisional Permits granted by the Council pursuant to Section 18 of the Act;
 - d. Provisional Residency Permit Granted on Appeal for Provisional Permits granted by the Elders Commission on Appeal after allowing an appeal from a decision of the Council pursuant to Section 21 of the Act;
 - e. Sawridge Lands Residency Permit for Permits granted by the Assembly pursuant to Section 28 of the Act;
 - f. Section 7(2) Grandfathered Residency Permit for Permits granted by the Council pursuant to Section 7(2) of the Act;
 - g. Temporary Residency Permit for Permits granted by the Council pursuant to Section 11 or 12 of the Act;
 - h. Staff Apartment Residency Permit granted by the Standing Committee on Staff Apartment Residency pursuant to Section 28.7 of the Act;

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
TEMPORARY GUEST PERMIT APPLICATION FORM
SUBMITTED TO THE COUNCIL**
(One Form Required for Each Person)

I _____ hereby make application to the Sawridge First Nation for a
(print name of Member)

Temporary Guest Permit for _____ (the "Guest")
(name of Guest)

In support of the application I provide the following information:

1. The Guest is _____
(Relationship to Member or Friend)
2. Application is for a period of _____ **(Guest Permits are not renewable)**
(insert period over 30 days up to 1 year)
3. Purpose of the visit _____
(Family visit, work, temporary housing, vacation, rental, etc)

4. The Guest will live in the following location: _____
(Address, Name of Member House, Apartment #)

5. Details of any services Guest will require: _____

6. Other information that is relevant to my application (including any past conduct or life style or other considerations which might be relevant to the health, safety, good order and advancement of the First Nation) – use additional sheets if necessary

7. Contact Information: _____
(insert complete mailing address)

(phone number(s))

(Email address)

The Applicant hereby applies for a Temporary Guest Permit as set forth above. The Applicant and Guest may be required to submit further information and/or participate in one or more interviews. The Application may be approved or disapproved by the Council. If disapproved, the Applicant may appeal to the Elders Commission. Guests may stay up to 30 days without a permit. Temporary Guest Permits may not be renewed.

Date

X _____
Signature of Applicant

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
SPOUSAL RESIDENCY APPLICATION FORM
SUBMITTED TO THE COUNCIL**

I _____ hereby make application to the Sawridge First Nation for a
(print name)

Residency Permit for my spouse _____ (my "Spouse")
(name of spouse)

In support of the application I provide the following information:

8. Type of Application:

Initial (1 year term maximum)

Renewal (5 year term maximum)

9. My Spouse will live in the following location: _____
(Address, Name of Member House, Apartment #)

10. Please indicate if your Spouse will reside with you, if not please provide explanation:

Will Reside with Member

Will Not Reside with Member

(Explain)

11. Has your Spouse Applied for Membership in the First Nation? Yes No

12. Details of any services your Spouse will require: _____

13. Other information that is relevant to my application (including any past conduct or life style or other considerations which might be relevant to the health, safety, good order and advancement of the First Nation) – use additional sheets if necessary

14. Contact Information: _____
(insert complete mailing address)

(phone number(s))

(Email address)

The Applicant hereby applies for a Residency Permit for the Applicant's Spouse as set forth above. The Applicant and Spouse may be required to submit further information and/or participate in one or more interviews. The Application may be approved or disapproved by the Council. If disapproved, the Applicant may appeal to the Elders Commission.

Date

X

Signature of Applicant

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
SAWRIDGE LANDS RESIDENCY APPLICATION FORM
SUBMITTED TO THE COUNCIL FOR PROVISIONAL DECISION
SUBJECT TO APPROVAL BY SAWRIDGE ASSEMBLY**
(One Form Required for Each Person)

I _____ hereby make application to the Sawridge First Nation for a
(print name)

Residency Permit for _____ (the "Proposed Resident")
(“self” or name of child)

In support of the application I provide the following information:

15. The Proposed Resident is: (check all that apply)

The Spouse of a Member - _____
(name of Member)

Child of a Member- _____
(name of Member)

**An Employee of the Sawridge First Nation or a First
Nation Company** - _____
(Name of Company)

Other - _____
(Specify other connection to Sawridge First Nation, if any)

16. The Proposed Resident will live in the following location: _____
(Address, Name of Member House, Apartment #)

17. If the Proposed Resident is the Spouse or Child of a Member, please indicate if will reside with
Member, and if not please provide explanation:

Not Applicable

Will Reside with Member Will Not Reside with Member _____
(Explain)

18. Has Proposed Resident Applied for Membership in the First Nation?

Yes

No

19. Will Proposed Resident be Employed by the First nation or a First Nation Company?

Yes

No

20. Details of any services Proposed Resident will require: _____

21. To what extent is the Proposed Resident prepared to contribute to the welfare and advancement of the First Nation Community?

22. Other information that is relevant to my application (including any past conduct or life style or other considerations which might be relevant to the health, safety, good order and advancement of the First Nation) – use additional sheets if necessary

23. Other information that I submit in support of my application

24. Term Applied for (in accordance with Act) _____ ;
(insert a Term not to exceed 5 years- or write "PERMANENT" if there is no Term)

25. Contact Information: _____
(insert complete mailing address)

_____ (phone number(s))

_____ (Email address)

The Applicant hereby applies for a Sawridge Lands Residency Permit as set forth above. The Applicant may be required to submit further information and/or participate in one or more interviews. The Application may be provisionally approved or disapproved by the Council, with or without conditions. If disapproved, the Applicant may appeal to the Elders Commission. If provisionally approved then the application is subject to ratification by the Assembly. If provisionally approved, the Council will so report to the Assembly, which will name a Committee to hear the Applicant at an *in camera* meeting and to report it back to Assembly with its recommendations. The decision of the Assembly is final and is not subject to appeal. Decisions of the Assembly are final

_____ Date

X _____
Signature of Applicant

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT (the "Act")
SECTION 7(2) GRANDFATHERED RESIDENCY APPLICATION FORM
SUBMITTED TO THE COUNCIL**

I _____ hereby make application to the Sawridge First Nation for a
(print name)

Residency Permit pursuant to Section 7(2) of the Act as I am the _____ of
("Spouse" or "Child")

_____ who was a resident on Sawridge Lands on May 26, 2012 and is still
(name of Member)

a Sawridge Lands Resident.

In support of the application I provide the following information:

26. I will live in the following location: _____
(Address, Name of Member House, Apartment #)

27. Details of any services you will require: _____

28. Other information that is relevant to my application (including any past conduct or life style or other considerations which might be relevant to the health, safety, good order and advancement of the First Nation) – use additional sheets if necessary

29. Contact Information: _____
(insert complete mailing address)

_____ (phone number(s))

_____ (Email address)

The Applicant hereby applies for a Residency Permit as set forth above. The Applicant may be required to submit further information and/or participate in one or more interviews. The Application may be approved or disapproved by the Council. The Application may appeal to the Elders Commission by the Applicant or any resident Member. A Residency Permit granted pursuant to Section 7(2) automatically ends one year after the Member is no longer deemed to be a Sawridge Lands Resident, but a Temporary Residency Permit can be applied for during that one year period.

Date

X _____
Signature of Applicant

SAWRIDGE FIRST NATION

**RESIDENCY AND MATRIMONIAL PROPERTY ACT
TEMPORARY RESIDENCY APPLICATION FORM
WHERE APPLICANT WAS RESIDENT WITH A MEMBER**
(One Form Required for Each Person)

I _____ hereby make application to the Council of the Sawridge First
(print name)

Nation for a Temporary Residency Permit for myself.

In support of the application I provide the following information:

30. I am or was: (check all that apply)

The Spouse of a Member - _____
(name of Member)

Child of a Member- _____
(name of Member)

Lawfully Resident with a Member _____
(name of Member)
on Sawridge Lands on March 26, 2012

31. The Member named above ceased to be a Sawridge Lands Resident or is deemed to no longer be a Sawridge Lands Resident as of the _____ day of _____, 20____.

32. I propose that I will live in the following location: _____
(Address, Name of Member House, Apartment #)

33. I have Applied for Membership in the First Nation?

Yes

No

34. I will be Employed by the First nation or a First Nation Company?

Yes

No

35. Details of any services Proposed Resident will require: _____

36. To what extent is the Proposed Resident prepared to contribute to the welfare and advancement of the First Nation Community?

37. Other information that is relevant to my application (including any past conduct or life style or other considerations which might be relevant to the health, safety, good order and advancement of the First Nation) – use additional sheets if necessary

38. Other information that I submit in support of my application

39. Term Applied for (in accordance with Act) _____ ;
(insert a Term not to exceed 5 years)

40. Contact Information: _____
(insert complete mailing address)

(phone number(s))

(Email address)

The Applicant hereby applies for a Sawridge Lands Residency Permit as set forth above.

Date

X _____
Signature of Applicant

**RESIDENCY AND MATRIMONIAL PROPERTY ACT
SAWRIDGE LANDS RESIDENCY APPLICATION FORM
SUBMITTED TO THE STANDING COMMITTEE ON STAFF APARTMENT
RESIDENCY**

I _____ hereby make application to the Sawridge First Nation for a
(print name)

Residency Permit for myself (the "Proposed Resident") and the following other persons who will live

with me: _____
(list all people who will live in the apartment and their relationship to you)

In support of the application I provide the following information:

1. The Proposed Resident is an Employee of:

The Sawridge First Nation

First Nation Company - _____
(Name of Company)

The Sawridge Travel Centre

2. The Proposed Resident will live in the following location: _____
(Staff Apartment #)

3. Is the Proposed Resident or any of the people listed above:

A Member of Sawridge Banned by the Council from Sawridge Lands

If either box is checked, please provide name(s) and details respecting this matter:

4. Has Proposed Resident or any of the people listed above Applied for Membership in the First Nation?

Yes No

If either Yes, please provide name(s) of applicants:

5. Details of any services Proposed Resident or people listed above will require:

6. To what extent is the Proposed Resident and people listed above prepared to contribute to the welfare and advancement of the First Nation Community?

7. Other information that is relevant to my application (including any past conduct or life style or other considerations which might be relevant to the health, safety, good order and advancement of the First Nation) – use additional sheets if necessary

8. Other information that I submit in support of my application

9. Term Applied for (in accordance with Act) _____;
(insert a Term not to exceed 5 years- or write "PERMANENT" if there is no Term)

10. Contact Information: _____
(insert complete mailing address)

(phone number(s))

(Email address)

The Applicant hereby applies for a Sawridge Lands Residency Permit as set forth above. The Applicant may be required to submit further information and/or participate in one or more interviews. The Application may be approved or disapproved by the Standing Committee on Staff Apartment Residency, with or without conditions. If disapproved, the Applicant may apply to the Council for a Permit pursuant to section 17 of the Act. If approved then the details of the Permit shall be reported to the Assembly. Any Member may appeal the Permit to the Assembly at any time. If a permit is granted the Proposed Resident would be required to enter into residency agreement to permit occupancy of the Apartment.

Date

X _____
Signature of Applicant

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
TEMPORARY GUEST PERMIT**

The Council of the Sawridge First Nation hereby grants a Temporary Guest Permit to:

_____ .

(Name of Member)

The Guest Permit is issued in respect of: _____
(Name of Guest)

The Residency Permit is approved for the following location on Sawridge Lands:

The Residency Permit is for the following Term: _____ (Not to Exceed 1 Year)
(number) (days, months)

THIS PERMIT MAY NOT BE RENEWED.

Conditions:

Date

X_____
Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
SPOUSAL RESIDENCY PERMIT**

The Council of the Sawridge First Nation hereby grants a Spousal Residency Permit to:

_____ being the spouse of _____
(Name of Spouse) (Name of Member)

The Residency Permit is approved for the following location on Sawridge Lands:

The Residency Permit is for the following Term:

_____ (number) _____ (days, months, years)

Initial Term cannot exceed 1 Year. Renewal Terms cannot exceed 5 Years.

Conditions:

Date

X_____
Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
PROVISIONAL RESIDENCY PERMIT**

The Council of the Sawridge First Nation hereby grants a Provisional Residency Permit to:

(Name of Applicant)

The Provisional Residency Permit is approved for the following location on Sawridge Lands:

The Provisional Residency Permit is subject to ratification by the General Assembly of the Sawridge First Nation. The Council may revoke this Permit at any time before it is ratified. If the Assembly decides not to ratify this Permit then it will terminate at the time of that decision. The Applicant must make themselves available for an interview by the Committee of the Assembly at an *in camera* meeting of that Committee. Decisions of the Assembly are final.

Conditions:

Date

X_____
Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
PROVISIONAL RESIDENCY PERMIT GRANTED ON APPEAL**

The Elders Commission of the Sawridge First Nation hereby grants a Provisional Residency Permit, after allowing an appeal from a decision of the Council, to:

(Name of Applicant)

The Provisional Residency Permit is approved for the following location on Sawridge Lands:

The Provisional Residency Permit is subject to ratification by the General Assembly of the Sawridge First Nation. The Council may revoke this Permit at any time before it is ratified. If the Assembly decides not to ratify this Permit then it will terminate at the time of that decision. The Applicant must make themselves available for an interview by the Committee of the Assembly at an *in camera* meeting of that Committee. Decisions of the Assembly are final.

Conditions:

Date

X_____
Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
SAWRIDGE LANDS RESIDENCY PERMIT**

The Assembly of the Sawridge First Nation hereby grants a Residency Permit to:

(Name of Applicant)

The Residency Permit is approved for the following location on Sawridge Lands:

The Residency Permit is for the following Term:

Term Permit for
(Not to exceed 5 Years)

(number)

(days, months, years)

Permanent

Conditions:

Date

X_____
Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
SECTION 7(2) GRANDFATHERED RESIDENCY PERMIT**

The Council of the Sawridge First Nation hereby grants a Residency Permit to:

_____ being the _____ of _____
(Name of Resident) ("spouse" or "child") (Name of Member)

The Residency Permit is approved for the following location on Sawridge Lands:

The Residency Permit is for the following Term:

_____ (number) _____ (days, months, years)

This Permit will automatically expire one year after the Member is no longer a Resident.

Conditions:

Date

X_____
Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
TEMPORARY RESIDENCY PERMIT**

The Council of the Sawridge First Nation hereby grants a Temporary Residency Permit to:

(Name of Applicant)

The Residency Permit is approved for the following location on Sawridge Lands:

The Residency Permit is for the following Term:
(Not to exceed 5 Years)

(number)

(days, months, years)

Conditions:

Date

X

Signature of Official

**SAWRIDGE FIRST NATION
RESIDENCY AND MATRIMONIAL PROPERTY ACT
STAFF APARTMENT RESIDENCY PERMIT**

The Standing Committee on Staff Apartment Residency of the Sawridge First Nation hereby grants a Residency Permit to:

(Name of Applicant)

And to:

(list of people living with Applicant, if any, or NONE)

The Residency Permit is approved for the following Apartment located in the Sawridge Staff Apartments (subject to an agreement with the owner of the Apartments) on Sawridge Lands:

Apartment # _____

The Residency Permit is for the following Term:

Term Permit for
(Not to exceed 5 Years)

(number)

(days, months, years)

Permanent

Conditions:

This permit shall automatically terminate if the Applicant ceases to be employed by the Sawridge First Nation, the Sawridge Travel Centre or a company owned by the Sawridge First Nation, regardless of the reason for the termination.

This permit shall automatically terminate upon the termination of any residency agreement which permits the Applicant to reside in the Staff Apartments.

Date

X_____
Signature of Official