

**Regulation Respecting Applications to be Authorized as an
Approved Kahnawà:ke Resident or for a Permit
K.R.L c. R-3, r-5**

This Regulation was enacted pursuant to section 21 of the *Kahnawà:ke Residency Law* (the “Law”) and approved by the Mohawk Council of Kahnawà:ke by MCED #20/2020-2021 on 8 Ohiarikhó:wa/July 2020.

1. Applications made to the Registrar must conform to the requirements of this Regulation and Appendix “A,B,C and D” as well as the application for objection Appendix “E” and must be accompanied by the fee mentioned in Appendix “A,B,C and D” as well as the application for objection Appendix “E”. Any applications that do not conform will be summarily rejected by the Registrar and the Applicant will be informed within five (5) Working Days of the reasons for the rejection.
2. The original copies of all applications for recognition will be kept by the Registrar or the General Manager of the Office of the Kahnawà:ke Kanien'kehá:ka Registry in a secure location.
3. This Regulation comes into force on the date fixed by Mohawk Council Executive Directive

APPENDIX "A"
**Application Form to be Authorized as an
 Approved Kahnawà:ke Resident**

Notice to applicant:

In order to determine your eligibility for authorization under the *Kahnawà:ke Residency Law*, you must complete this application in full.

Before your application can be processed, you must also provide copies of all supporting documents requested in this application. **Incomplete or insufficient information or documentation will result in your application being summarily rejected by the Registrar.**

An administrative fee of \$30.00 and receipt of payment from the MCK Cashier must accompany this application, effective September 21, 2020.

Applicant's Information

First Name: _____	Date of Birth: _____
Middle Name: _____	Place of Birth: _____
Birth Name(s): _____	Sex (as per birth certificate): M <u> F </u> _____
Last Name: _____	
To the best of your knowledge, are you or anyone in your lineage adopted? If yes, please specify: _____ _____	

Marital Status

Single	Common-Law	Separated	Divorced	Married	Widowed
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Eligibility to be an Approved Kahnawà:ke Resident

Please circle which category best describes you:

A) A person who has three (3) Kanien'kehá:ka of Kahnawà:ke Great-Grandparents and has Immediate Family and Community Ties;
Please fill out sections 1 and 2 below.

B) A person who has two (2) Kanien'kehá:ka of Kahnawà:ke Great-Grandparents, has Immediate Family, Community Ties and who was Raised in the Community;
Please fill out sections 1, 2 and 3 below.

C) A person who has Onkwehón:we Ancestry, who was adopted as a Minor by a Kanien'kehá:ka of Kahnawà:ke after November 10, 2003 and has Immediate Family and Community Ties and who was Raised in the Community;
Please fill out sections 1,2 and 3 below.

D) A lah Onkwehón:we Té:ken who was married to Kanien'kehá:ka of Kahnawà:ke or someone eligible to be a Kanien'kehá:ka of Kahnawà:ke prior to the 1981 moratorium and is still married and Residing with that spouse or is still Residing and was widowed while Residing in the Territory, or;
Please fill out section 3 below.

E) A Minor who was adopted by a Kanien'kehá:ka of Kahnawà:ke prior to November 2003 and who has reached the Age of Majority (age eighteen).

1) *Immediate Family: means spouse, sibling, parents, child, step-parent, step child, grandparent, grandchild, aunt, uncle, niece, nephew or first cousin;*

Please describe your Immediate Family:

2) *Community Ties: means a person's overall participation in community events, volunteer activities, charitable works and their positive contributions to the Kanien'kehá:ka of Kahnawà:ke.*

Please describe your Community Ties and attach any supporting documentation (ie. Reference letters from community organization(s)):

3) *Raised in the Community: means a person who has, from a young age, Resided and has spent more than half of their lives on the Territory.*

Please indicate how long you have lived on the Territory:

Applicant's Minor Children (Natural or Adopted)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please note that this Application is for the applicant only. Once your child(ren) reach the age of majority they must apply for Approved Kahnawà:ke Residents, or for a Permit, depending on their particular circumstances at that time, unless they are recognized as Kanien'kehá:ka of Kahnawà:ke.

Applicant's Mailing Address (Address where all notices will be mailed)

Number: _____	Street: _____	Box #: _____
City: _____	E-mail Address: _____	
Province/State: _____	Postal/Zip Code: _____	
Home Telephone: _____	Business Telephone: _____	
Please note that it is the Applicant's responsibility to inform the Registrar, in writing, of any change of mailing address.		

Please attach the following supporting documentation for the purpose of processing of your application:

- 1) Long-form Birth Certificates of the Applicant and all of the Applicant's children (natural or adopted).
- 2) All documentation to support family tree for Kanien'kehá:ka or Onkwehón:we lineage, if applicable.
- 3) Marriage and Divorce Certificates (if applicable): If married or divorced more than once, submit copies of all marriage and divorce certificates.
- 4) Death Certificate of spouse(s), if applicable.
- 5) A criminal background check.
- 6) Proof of Adoption or Guardianship, if applicable.
- 7) A recent passport-sized photo.
- 8) The application fee receipt.

APPENDIX "B"
Application Form for Permit to Reside:
RESIDENCY PERMIT

Notice to applicant:

In order to determine your eligibility for a permit under the *Kahnawà:ke Residency Law*, you must complete this application in full.

Before your application can be processed, you must also provide copies of all supporting documents requested in this application. **Incomplete or insufficient information or documentation will result in your application being summarily rejected by the Registrar.**

An administrative fee of \$30.00 (thirty dollars) and receipt of payment from the MCK Cashier must accompany this application, effective September 21, 2020.

Applicant's Information

First Name: _____	Date of Birth: _____
Middle Name: _____	Place of Birth: _____
Birth Name (S): _____	Sex (As per birth certificate): M F ____
Last Name: _____	
To the best of your knowledge, are you or anyone in your lineage adopted? If yes, please specify:	

Marital Status – Please circle one of the following:

Single	Common-Law	Separated	Divorced	Married	Widowed
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Eligibility to Reside:

Please circle which best describes you:

A) A person who has Onkwehón:we Ancestry and is Married to or living in a Common-Law Relationship with a Kanien'kehá:ka of Kahnawà:ke;

Please fill out sections 3 and 4 below.

B) A person who has Onkwehón:we Ancestry and has Immediate Family and Community Ties; or,

Please fill out sections 1, 2 and 4 below.

C) A person who has sufficient knowledge of the Kanien'kéha language and Kanien'kehá:ka culture, and has Immediate Family and Community Ties.

Please fill out sections 1 and 2 below.

1) *Immediate Family: means spouse, sibling, parents, child, step-parent, step child, grandparent, grandchild, aunt, uncle, niece, nephew or first cousin;*

Please describe your Immediate Family:

2) *Community Ties: means a person's overall participation in community events, volunteer activities, charitable works and their positive contributions to the Kanien'kehá:ka of Kahnawà:ke.*

Please describe your Community Ties and attach any supporting documentation (ie. Reference letters from community organization(s)):

3) *Common-Law Relationship: means a conjugal relationship, no solemnized by a marriage ceremony, law or custom, between two persons who live together and publicly refer to themselves as partners or spouses.*

Please describe your Common-Law Relationship and attach any supporting documentation:

4) *Onkwehon:we Ancestry: means direct descent from at least two (2) great-grandparents who were or are recognized as Ahsén:nen Onkwehón:we at minimum, pursuant to the Regulation Concerning the Custom Code Method of Calculation for Kanien'kehá:ka Lineage, verified by proof acceptable to the Registrar and, if necessary, by the Administrative Tribunal, the Court of Kahnawà:ke or the Kahnawà:ke Court of Appeal, as the case may be;*

Please describe your Onkwehon:we Ancestry:

Applicant's Minor Children (Natural and Adopted):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Please note that this Application is for the applicant only. Once your child(ren) reach the age of majority they must apply for Approved Kahnawà:ke Residents, or for a Permit, depending on their particular circumstances at that time, unless they have applied and are recognized as Kanien'kehá:ka of Kahnawà:ke.

Applicant's Mailing Address (Address where all notices will be mailed):

Number: _____ Street: _____ Box #: _____

City: _____ E-mail Address: _____

Province/State: _____ Postal/Zip Code: _____

Home Telephone: _____ Business Telephone: _____

Please note that it is the Applicant's responsibility to inform the Registrar, in writing, of any change of mailing address.

Please attach the following supporting documentation for the purpose of processing of your application:

- 1) Long-form Birth Certificates of the Applicant and all of the Applicant's children (natural or adopted).
- 2) All documentation to support family tree for Kanien'kehá:ka or Onkwehón:we lineage.
- 3) Marriage Certificate(s), if applicable. If married or divorced more than once, submit copies of all marriage and divorce certificates.
- 4) A criminal background check.
- 5) A recent passport-sized photo.
- 6) The application fee receipt.
- 7) The name and birth date of every Minor who will be Residing with the Applicant and over whom the Applicant has parental authority.

APPENDIX "C"
**Application Form for Permit to Reside
 WORK/EDUCATION PERMIT**

Notice to applicant:

In order to determine your eligibility for a permit under the *Kahnawà:ke Residency Law*, you must complete this application in full.

Before your application can be processed, you must also provide copies of all supporting documents requested in this application. **Incomplete or insufficient information or documentation will result in your application being summarily rejected by the Registrar.**

An administrative fee of \$30.00 (thirty dollars) and receipt of payment from the MCK Cashier must accompany this application, effective September 21, 2020.

Applicant's Information

First Name: _____	Date of Birth: _____
Middle Name: _____	Place of Birth: _____
Birth Name: _____	Sex (As per birth certificate): M___F___
Last Name: _____	
To the best of your knowledge, are you or anyone in your lineage adopted? Please specify: _____ _____ _____	

Marital Status – Please circle one of the following

Single	Common-Law	Separated	Divorced	Married	Widowed
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Eligibility to Reside:

Please circle which best describes you:

A) A person who has Onkwehón:we Ancestry and is working within the Territory.
Please fill out section 1 and 2 below.

B) A person who has Onkwehón:we Ancestry and is attending an educational facility within proximity to the Territory.
Please fill out section 1 and 3 below.

1) *Onkwehon:we Ancestry: means direct descent from at least two (2) great-grandparents who were or are recognized as Ahsén:nen Onkwehón:we at minimum, pursuant to the Regulation Concerning the Custom Code Method of Calculation for Kanien'kehá:ka Lineage, verified by proof acceptable to the Registrar and, if necessary, by the Administrative Tribunal, the Court of Kahnawà:ke or the Kahnawà:ke Court of Appeal, as the case may be;*

Please describe your Onkwehon:we Ancestry:

2) Please indicate your place of employment and attach any supporting documentation:

3) Please indicate the educational facility that you are or will be attending and attach any supporting documentation:

Applicant's Minor Children (Natural and Adopted):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Please note that this Application is for the applicant only. Once your child(ren) reach the age of majority they must apply for Approved Kahnawà:ke Residents, or for a Permit, depending on their particular circumstances at that time, unless they have applied and are recognized as Kanien'kehá:ka of Kahnawà:ke.

Applicant's Mailing Address (Address where all notices will be mailed):

Number: _____	Street: _____	Box #: _____
City: _____	E-mail Address: _____	
Province/State: _____	Postal/Zip Code: _____	
Home Telephone: _____	Business Telephone: _____	

Please note that it is the Applicant's responsibility to inform the Registrar, in writing, of any change of mailing address.

Please attach the following supporting documentation for the purpose of processing of your application:

- 1) Long-form Birth Certificates of the Applicant and all of the Applicant's children (natural or adopted).
- 2) All documentation to support family tree for Kanien'kehá:ka or Onkwehón:we lineage.
- 3) A criminal background check.
- 4) A recent passport-sized photo.
- 5) The application fee receipt.
- 6) The name and birth date of every Minor who will be Residing with the Applicant and over whom the Applicant has parental authority.

APPENDIX "D"
Application Form for Permit
to Reside
HUMANITARIAN PERMIT

Notice to applicant:

In order to determine your eligibility for a permit under the *Kahnawà:ke Residency Law*, you must complete this application in full.

Before your application can be processed, you must also provide copies of all supporting documents requested in this application. **Incomplete or insufficient information or documentation will result in your application being summarily rejected by the Registrar.**

An administrative fee of \$30.00 (thirty dollars) and receipt of payment from the MCK Cashier must accompany this application, effective September 21, 2020.

Applicant's Information

First Name: _____	Date of Birth: _____
Middle Name: _____	Place of Birth: _____
Birth Name: _____	Sex (As per birth certificate): M___ F___
Last Name: _____	
To the best of your knowledge, are you or anyone in your lineage adopted? If yes, please specify:	

Marital Status – Please circle one of the following

Single	Common-Law	Separated	Divorced	Married	Widowed
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Eligibility to Reside:

Please circle which best describes you:

A) I am terminally ill and need assistance or lodging from an Immediate Family member who is Kanien'kehá:ka of Kahnawà:ke who Resides on the Territory.

B) I will be providing assistance to a Kanien'kehá:ka of Kahnawà:ke who is terminally ill.

C) I will be providing assistance to a Kanien'kehá:ka of Kahnawà:ke who has a disability or illness which requires specialized care.

Applicant's Mailing Address (Address where all notices will be mailed):

Number: _____	Street: _____	Box #: _____
City: _____	E-mail Address: _____	
Province/State: _____	Postal/Zip Code: _____	
Home Telephone: _____	Business Telephone: _____	
Please note that it is the Applicant's responsibility to inform the Registrar, in writing, of any change of mailing address		

Please attach the following supporting documentation for the purpose of processing of your application:

- 1) Picture Identification.
- 2) A criminal background check.
- 3) A recent passport-sized photo.
- 4) The application fee receipt.
- 5) The completed medical form of the person requiring medical care.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned applicant, hereby authorize any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry to obtain such information that is required to verify the information and supporting documents provided by me for the purpose of this application.

I also authorize any agency contacted by any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry to review and verify the accuracy of the information and supporting documents.

I agree and consent that any and all information and records related to me that are kept by any person acting on behalf of the Kahnawà:ke Kanien'kehá:ka Registry or that I provide to the Registrar, may be released to the Registrar for the purposes of the *Kahnawà:ke Residency Law* and its Regulations and to the Mohawk Council of Kahnawà:ke or any Kahnawà:ke related entity for administrative purposes.

I understand that all such information and records will be treated as confidential and will not be divulged or communicated. This information will not be used for any purpose other than as required under the Law and Regulations.

RELEASE AND WAIVER: By signing below, I release the Registrar, the Mohawk Council of Kahnawà:ke and their respective members, Chiefs, employees and agents (the "Releasees") from any liability arising from or related to my application for recognition and waive any claim, action or complaint I may otherwise have against the Releasees, or any of them, arising from or related to my application or any decision in relation thereto.

Signed within the Mohawk Territory of Kahnawà:ke, this ___ day of _____, 20___.

Print Name of Applicant

Signature of Applicant

Print Name of Witness

Signature of Witness

DECLARATION IN SUPPORT OF APPLICATION

I, _____, the undersigned applicant, swear or solemnly affirm that all information and supporting documents that I have provided are accurate, true and complete.

I understand that if any of the information or supporting documents that I have provided are fraudulent, false or misleading, the processing of my application will be rejected.

I also understand that if my application is accepted based on fraudulent, false or misleading information or supporting documents, my authorization as an Approved Kahnawà:ke Resident or Permit may be revoked at any time in accordance with *Kahnawà:ke Residency Law* and its Regulations.

SWORN OR SOLEMNLY AFFIRMED before me within the Mohawk Territory of Kahnawà:ke,

this _____ day of _____ 20 _____
(Date) (Month) (Year)

Signature of Applicant

Date

Signature of Commissioner of Oaths

Date

(Commissioner of Oaths' stamp)

For Office Use Only

Date Received: _____ Date of Acknowledgement: _____

Date of Review: _____ Date of Acceptance: _____

Appendix "E"

**APPLICATION FOR OBJECTION OF AN
INDIVIDUAL APPLYING TO BE AN
APPROVED KAHNAWA:KE RESIDENT
OR FOR A PERMIT TO RESIDE IN
KAHNAWA:KE MOHAWK TERRITORY**

Notice to Applicant:

This application will only be considered by the Registrar if it is signed by the complainant. Please note that an individual wishing to make an objection but be **recognized on the Kahnawà:ke Kanien'kehá:ka Registry.**

An administration fee to be fixed by Mohawk Council Executive Directive must be paid at the Mohawk Council of Kahnawà:ke main office, with a receipt of payment accompanying this application. The fee will be refunded following the verification that this application is admissible.

Mohawk Council of Kahnawà:ke

P.O. Box 720

Mohawk Territory of Kahnawà:ke

J0L 1B0

Tel: (450) 632-7500

Application:

I, the undersigned, Kanien'kehá:ka of Kahnawà:ke make this application for an objection of an individual applying to be an Approved Kahnawà:ke Resident or for a Permit to reside on the territory in accordance with the Kahnawà:ke Residency Law and its Regulations. I, the undersigned, affirm that the information given in this application **is factually based** and is related to one of **the criteria for objections under section 11.23 of the Kahnawà:ke Residency Law.**

Person against whom the application is made:

Name: _____

Grounds on which this application is made (please provide details and supporting documents):

Signed within the territory of Kahnawà:ke on this ___ day of _____, 20__.

Print Name of Objector

Print Name of Witness

Signature of Objector

Signature of Witness