Date Received: _____

Approved by SCP Tribal Council on 5/13/15

Application For Permitted Residency

This Application must be completed and returned along with a fee of $100, (Unless otherwise noted by the Non-Member Residence Committee), to the Clerk of the Non-Member Residence Committee, located at the Santa Clara Pueblo Office of Vital Statistics / Enrollment. Living within the Pueblo of Santa Clara is a privilege, not a right.

1. Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

List All Married, Maiden, Nick Names, etc.

_____

Mailing Address: _____
Apartment/Unit #

_____
City *State* *ZIP Code*

Physical Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____

2. Name of Spouse, If Any:

Full Name: _____
Last *First* *M.I.*

List All Married, Maiden, Nick Names, etc.

_____

Mailing Address: _____
Apartment/Unit #

_____
City *State* *ZIP Code*

Physical Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date of Birth: _____

If your spouse is ***not*** an Enrolled Member of Santa Clara Pueblo, please provide a Social Security #_____

3. Names of Children, If Any (List in order of Age, Eldest – First)

Full Name:	DOB	Relation

4. NAME OF MEMBER SPONSOR

Full Name: _____
Last *First* *M.I.*

List All Married, Maiden, Nick Names, etc.

_____

Mailing Address: _____
Apartment/Unit #

_____
City *State* *ZIP Code*

Physical Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Date of Birth: _____

Email: _____

5. SPONSOR STATEMENT

I _____ certify that I am an Enrolled Member of Santa Clara Pueblo. I am willing to serve as a Sponsor for _____. I do vouch for the Applicant's worthiness to be permitted to reside on Santa Clara land.

Date: _____ Sponsor Signature: _____

6. Specific Location on Santa Clara land where you propose to reside:

Member or entity ("Owner") who owns or has control over this location:

If you are not the spouse or child of a Member, please state the nature and terms of the agreement between yourself and the Owner showing that you have the Owner's consent to reside at that location, and that the agreement does not exceed a term of two years:

7. Identify each location where you have resided for the last five years:

NAME OF STATE:	COUNTY:

8. Have you been employed during the last five years? _____

If so, for each place of employment, please state: A) The Name and Address of the employer; B) Position held; C) The dates on which such employment started and ended:

Full Name: _____ Date Started: _____

Company: _____ Date Ended: _____

Address: _____

Position(s) Held: _____

Full Name: _____ Date Started: _____

Company: _____ Date Ended: _____

Address: _____

Position(s) Held: _____

Full Name: _____ Date Started: _____

Company: _____ Date Ended: _____

Address: _____

Position(s) Held:

9. Have you ever been convicted of a crime in any jurisdiction (other than a traffic offense not involving damage to person or property and not involving alcohol or controlled substances)?

Yes_____ No_____

If yes, please state as to each charge: A) The date of the crime; B) The place of the crime; C) The nature of the charge (including the Court where the charge was filed and docket number, if known); and, D) The final disposition.

10. Are you currently under any restrictions or obligations imposed by the order of any court? _____

If so, identify the nature of the restriction or the obligation, the court, and the date of the order.

11. Are you a Member of any Indian Tribe? _____

If so, please state the name of the Tribe and your Census Number or other membership number, if any. (Please provide documented proof).

12. Do you have a spouse or any other children who will *NOT* reside with you on Santa Clara land? _____

If so, please state: A) The name and address of each such spouse or child; B) whether you have any legal obligation to provide financial support to such spouse or children; and C) If so, the nature and extent of such obligation and the jurisdiction in which such obligation was imposed.

13. Please provide a Statement as to why you wish to reside on Santa Clara lands.

CONDITIONS. Please read carefully:

1. By submitting this application for residence on Santa Clara lands you voluntarily submit yourself to the jurisdiction of the Pueblo of Santa Clara for all purposes reasonably connected with the processing of this application, and, in the event this application is granted, for all purposes and with respect to any and all matters that arise in the course of such residence.

2. The Santa Clara Pueblo Non-Member Residence Committee may undertake any investigation into your background the committee deems reasonable and appropriate to making a decision on this application, and by your signature, you hereby agree to such investigation, and authorize any person, entity or institution to release any information, including medical, financial and other personal information, requested by the Committee concerning you.

3. In particular, if requested by the Committee you agree to provide a complete set of fingerprints, to be taken by a qualified Professional designated by the Committee.

4. Your application will be considered by the Non-Member Residence Committee. If your application is denied by the Committee, you have the right to appeal the decision of the Committee to the Santa Clara Pueblo Tribal Council, and you may do so by filing a written notice of appeal with the Clerk within fifteen (15) days from the date of issuance of the Committee's decision.

5. The Decision of the Tribal Council in any appeal is final and non-reviewable.

6. A knowingly false statement made by you on this application, or your knowing failure to include any required information, will result in denial of the application, or revocation of its approval if the falsity or omission is discovered after the Committee has approved the application.

7. If you are living on Santa Clara land at the time you submit this application, and your application is denied, you must vacate your residence on Santa Clara land within thirty (30) days after the Committee's decision becomes final, or be subject to an eviction action in Santa Clara Tribal Court.

Verification and Signature

I hereby certify and affirm, under the penalties for perjury, that the forgoing information is true and complete, to the best of my knowledge and belief, and that I have read and understand each of the Conditions appearing at the end of the application, and agree to comply with them.

Signature: _____ Date: _____

RETURN THIS APPLICATION, ALONG WITH A FEE OF $100, (UNLESS OTHERWISE NOTED BY THE NON-MEMBER RESIDENCE COMMITTEE), TO THE CLERK OF THE NON-MEMBER RESIDENCE COMMITTEE, LOCATED AT THE SANTA CLARA PUEBLO OFFICE OF VITAL STATISTICS / ENROLLMENT.

NO CASH PAYMENTS, MONEY ORDER ONLY

THE FEE IS NON-REFUNDABLE

DO NOT WRITE IN THE SPACE BELOW – FOR OFFICE USE ONLY

Date: _____ Total Amount: _____

Name on Money Order: _____

Receipt Received: _____ Date: _____
Applicant's Signature

Receipt Given By: _____ Date: _____
OVSE Staff Signature

SANTA CLARA NON-MEMBER RESIDENCE COMMITTEE
RELEASE OF INFORMATION AUTHORIZATION

I _____ AUTHORIZE ANY INVESTIGATOR SPECIAL AGENT OR OTHER REPRESENTATIVE OF THE UNITED STATES DEPARTMENT OF THE INTERIOR, THE FEDERAL BUREAU OF ONVESTIGATION, OR ANY TRIBAL, STATE, OR LOCAL LAW ENFORCEMENT OR INVESTIGATOR AGENCIES, IN ORDER TO DETERMINE MY SUITABILITY FOR RESIDENCY ON THE PUEBLO OF SANTA CLARA TO OBTAIN ANY INFORMATION REQUESTED RELATED TO MY ACTIVITIES INCLUDING EMPLOYMENT, SCHOOLS, CRIMINAL JUSTICE AGENCIES, CONSUMER REPORTING AGENCIES, FINANCIAL, OR LENDING INSTITUTIONS, RESIDENTIAL MANAGEMENT AGENCIES, BUSINESS, REGULATORY AGENCIES, PROPERTY INTERESTS (REAL OR PERSONAL), MEDICAL INSTITUTIONS, HOSPITALS, AND HEALTH CARE PROFESIONAL, AND OTHER SOURCES. THIS INFORMATION INCLUDES DISIPLINARY, FINANCIAL, EMPLOYMENT, AND CRIMINAL HISTORY RECORDS, WHETHER OR NOT SUCH INFORMATION WOULD BE OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL STATUTORY OR COMMON LAW PRIVILEGE.

I AUTHORIZE CUSTODIANS OF SUCH RECORDS AND SOURCES OF INFORMATION TO RELEASE SUCH INFORMATION, INCLUDING PERMITTING THE REVIEW AND COPYING OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, UPON REQUEST TO THE REPRESENTATIVE OF THE AGENCIES LISTED ABOVE, REGARDLESS OF ANY PREVIOUS AGREEMENT TO THE CONTRARY.

I DO, FOR MYSELF, MY HEIRS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE ANY PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIM AND DEMANDS WHATSOEVER KNOWN OR UNKNOWN, IN OR EQUITY, WHICH I EVER HAS NOW HAVE ANY HAVE, OR MAY CLAIM TO HAVE AGAINST SUCH PERSON OR HIS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.

I AGREE TO ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM OR FINANCIAL LOSS THAT MAY RESULT FROM USE OF INFORMATION THAT IS OBTAINED IN CONNECTION WITH A BACKGROUND INVESTIGATION FOR THE PURPOSE LISTED IN THIS DOCUMENT.

I AGREE TO IDEMNIFY AND HOLD HARMLESS ANY PERSON TO WHOM THIS REQUEST IS LAWFULLY PRESENTED AND HIS AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, ANDEXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, ARISING OUT OF OR BY REASON OF OR BY REASON OF COMPLING WITH THIS REQUEST

I UNDERSTAND THAT THE INFORMATION RELEASED BY RECORDS, CUSTODIANS, AND OTHER SOURCES OF INFORMATION IS FROM REQUIRED BACKGROUND INVESTIGATIONS TO PROCESS MY LICENSE APPLICATION FOR RESIDENCY ON SANTA CLARA PUEBLO.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ _____

SIGNATURE: _____ ___ ___ DATE: _____

STATE OF NEW MEXICO COUNTY OF _____

SIGNED OR ATTESTED BEFORE ME ON _____ *BY* _____
(DATE) *(NAME OF PERSON)*

_____
NOTORY PUBLIC

_____ *(SEAL)*
TITLE

MY COMMISION EXPIRES: _____