Uchucklesaht Tribe Government

Land Interest Identification Application

Date received:

_____ /_____/_____
YYYY MM DD
(for UTG use only)

This form is to be used by Uchucklesaht Tribe Government (UTG) citizens, who are **eligible recipients,** to submit an expression of interest to obtain and own land to reside within the UTG Treaty Settlement Lands under the UTG Land Interest Identification Policy ("the Policy").

Any questions about the Policy, including whether a citizen is eligible to submit an expression of interest and application, may be directed to the UTG Director of Lands and Resources.

Notes:

- Refer to the application evaluation criteria and other requirements included in the Policy.
- The Policy does not include land selection, allocation, or the land transfer process.
- Submission of an application does not guarantee land ownership will be available to each applicant.
- Application forms will be reviewed by the Department of Lands and Resources to confirm eligibility, and if eligible the applicant will be added to the list of interested citizens.

Bolded terms are defined in the Policy.

Completed application forms must be submitted to the Director of Lands and Resources in hard copy at the Uchucklesaht Administration Office, or by email to landsandresources@uchucklesaht.ca.

Submission deadlines:
Applications will be accepted on an on-going basis.

Office 250-724-1832
Toll-free 1-844-723-7126
Fax 250-724-1806

Suite A, 5251 Argyle Street
Port Alberni, British Columbia
V9Y 1V1

APPLICANT'S PERSONAL INFORMATION

Full legal name:	
Uchucklesaht citizenship no.:	
Date of birth:	
Marital status:	☐ Single ☐ Married ☐ Common-Law
Phone number:	
Mailing address:	
E-mail address:	
Status number (if applicable):	
Disability status:	Do you have a disability? ☐ Yes ☐ No

Are you a citizen or member of another First Nation? ☐ Yes ☐ No

If yes, please specify: _____

(1) REASON(S) FOR APPLYING

Reason(s) for applying to obtain and own land to reside within the UTG Treaty Settlement Lands**:**

I hereby solemnly declare that the information I have provided is complete and the contents are true to the best of my knowledge.

Date of application: ____/____/____ **Applicant signature:** _____
YYYY MM DD