



Hope Evangelical Ministries
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RESIDENCY APPLICATION

APPLICATION DATE: _____

ANTICIPATED DATE OF RESIDENCY: _____

INSTRUCTIONS: Complete all necessary information. Please print in ink or type. Be sure to fax or mail your completed application to the above address, attention: House of Marah.

GENERAL INFORMATION

NAME (Last, First, Middle Initial) _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP CODE: _____

YEARS OF RESIDENCY AT CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____@_____

PHONE NUMBER: _____/_____-_____

CELL PHONE NUMBER: _____/_____-_____

PRIOR ADDRESSES (Last 5 Years): _____

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED _____ DIVORCED

ETHNICITY: _____

DATE OF BIRTH (MM/DD/YYYY): _____

CITIZENSHIP/STATUS: _____ U.S. CITIZEN _____ U.S. PERMANENT RESIDENT (COPY OF IMMIGRATION PERMIT REQUIRED)

MILITARY STATUS: _____ ACTIVE/RESERVES _____ VETERAN _____ N/A

CHURCH AFFILIATION: _____ DENOMINATION: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ Yes _____ No
(A positive response to this question does not automatically disqualify you from consideration)

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? _____ Yes _____ No

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: _____
