



Hope Evangelical Ministries
Dr. Frankie H. Young, Apostle - Director
4600 Livernois Avenue
Detroit, MI 48210
Office: (313) 894-7232
Fax: (313) 894-7115

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: \_\_\_\_\_

\_\_\_\_\_