

Church-In-A-Day Application

NOTE: PLEASE PRINT or TYPE -- Do not use longhand

Name of City: _____

State/Prov _____

Population: _____

Church Name:

Name of Pastor: _____ Age: _____

Address: _____

City: _____

State/Province: _____

Zip: _____

Phone: (Home): _____ (Office): _____

Marital Status: Married _____ Single _____ Other _____

List Names and ages of Wife and Children:

Wife _____

Children _____

MISCELLANEOUS CHURCH INFORMATION

1. Length of Pastorate at present location: _____

2. License you now hold with the United Pentecostal Church International:

Local _____ General _____ Ordained _____

3. Is the church set in order according to the Manual of the United Pentecostal Church International?

Yes _____ No _____

4. Is the church affiliated? Yes _____ No _____

5. Is the church incorporated? Yes _____ No _____

6. Have you checked city regulations related to building a church on your property?

Yes _____ No _____

7. Is there an existing lien on the property? Yes _____ No _____

If yes, who holds the lien? _____

Amount of the lien: \$ _____

Appraisal value of the property: \$ _____ (Attach appraisal)

Appraised by: _____

8. City Utilities:

Utility Available Cost to hookup

Sewer yes ___ no ___ \$ _____
Water yes ___ no ___ \$ _____
Electricity yes ___ no ___ \$ _____
Gas yes ___ no ___ \$ _____

9. Do you have title insurance? Yes ___ no ___

10. Do you have funds available for the slab and the rough-in plumbing?

Yes ___ no ___

11. Do you have any church construction experience? Yes ___ No ___

describe: _____

12. If not already affiliated, will you affiliate your assembly with the United Pentecostal Church? Yes ___ No ___

(NOTE. If any money is granted, it is REQUIRED that the church be AFFILIATED.)

HISTORY & CHURCH INFORMATION

13. When was the church started? Month _____ Year _____

14. How long have you been with the church? _____ Years _____ Months

15. How many FAMILIES are in the church? _____

How many ADULTS (*age 16 and over*) are filled with the Holy Ghost? _____

How many CHILDREN are filled with the Holy Ghost? _____

16. Have you obtained financing for your CIAD? Yes ___ No ___

If _____ yes, _____ explain

17.. We have completed this application and the financial statement to the best of our ability and do hereby agree to perform our obligation as stated in the North American Missions Policy regarding the Church-In-A-Day Program. *(Application must be signed by the pastor and all trustees.)*

Pastor _____

Trustee _____

Trustee _____

Trustee _____

Trustee _____

Present District Superintendent

Present Presbyter

Present Home Missions Director

I/We have answered the above questions to the best of my/our knowledge. If we are approved as recipients in the **Church-In-A-Day Program**, we pledge to cooperate with the North American Missions Division and our District in every possible way.

Signature _____

Date _____

Spouse _____

Date _____

Church-In-A-Day

DISTRICT ACTION

The above application has been reviewed and was approved by our District Board on (date)_____. We recommend the above applicant to the General North American Missions Division and the Church-In-A-Day Program.

Signatures Required

District Superintendent _____ Date _____

District Secretary _____ Date _____

NAM Director _____ Date _____