

APPLICATION TO BEGIN A NEW CHURCH (HOME MISSIONS)
CHECKLIST

Send Original Application with Financial Statement To District Secretary.

Send Copy of the Application to the Section Presbyter.

Send Copy of the Application to the Home Mission Director.

APPLICATION TO BEGIN A NEW CHURCH

(Please Print or Type)

SOUTH TEXAS DISTRICT HOME MISSIONS
UNITED PENTECOSTAL CHURCH,INTL
P.O. BOX 1367
FRIENDSWOOD, TX 77549-1367

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Pastor of Applicant _____

I desire to open a new work in _____

Why are you interested in this city? _____

Population _____ Main industry _____

Is this a growing area? _____ Please describe _____

Are you acquainted with any U.P.C. people in this city? _____ yes _____ no

What is your current Ministerial status? _____ Local _____ General _____ Ordained

How long have you been in the Ministry? _____ Give a brief history of your Ministry _____

Pastorial _____ years: Evangelist _____ years: Assistant _____ years: Other _____

Have you won any souls during the past two years outside of your pulpit Ministry? _____

How Many? _____; What method do you recommend? Bible studies/Tracts/Other

Are you marriage? _____ yes _____ no: If married, list the names and Date of Birth of all your children living with you at this time, if any.

Name _____ D.O.B. _____ Sex _____

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Are you a cooperating member of the Texas District? _____ yes _____ no

If yes, what Section? _____: If no, what District? _____

What will be the means of your income while bringing in this work? _____

Have you ever begun a Home Missions work before? _____ yes _____ no: If so,

When? _____ Where? _____

What was the status of this work when you left? _____

If approved, when do you plan to begin? _____ Mo. _____ Year _____

Are you willing to affiliate this work with the U.P.C.I. _____ yes _____ no

If not, please explain why _____

What is the nearest United Pentecostal Church to your Home Missions Project?

A. Name of Church _____ City _____

Pastor's Name _____ Approx. Distance _____

B. Name of Church _____ City _____

Pastor's Name _____ Approx. Distance _____

Have you read Article XIII, Section 14, 15, & 16, in the U.P.C.I Church Manual? _____

Do you accept this and are you willing to fulfill this obligation? _____

Are you willing to stay with the new work for a period of not less than 1 year from the date you begin service? _____ (For a more effective Home Missions work, we recommend 3 years). If for any reason you find it necessary to leave prior to that time, do you agree to notify the Presbyter and Home Missions Director at least 30 prior to your leaving? _____

What do you preach as the Bible requirement for Salvation? _____

What do you teach about the Bible's standard of Holiness? _____

What approach do you take in presenting this to new converts? _____

Do you cooperate with your District Home Missions giving plan? _____ yes _____ no

If you give through a local church other than your own Pastorate, what is the approximate amount you give monthly? _____

Give 3 references:

- A. Minister
Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
- B. Banking
Officer's Name _____ Bank _____
Address _____ City _____ State _____ Zip _____
- C. Personal (Other than Family)
Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

Please note: In order to be accepted for processing, this application must be completed and submitted to the District Secretary, with copies to the District Home Mission Director and the Presbyter of the Section in which the New Work will be located.

This application cannot be accepted until all information is complete including the attached financial statement, and requirements met.

Date _____ Signature of Applicant _____

PERSONAL FINANCIAL STATEMENT: (To be sent to the District Secretary only)

Car #1: Make and year _____ Monthly Payment _____
Market Value _____ Balance owed _____

Car #2: Make and year _____ Monthly Payment _____
Market Value _____ Balance owed _____

Home: Total value _____ Monthly Payment _____
Loan Balance _____

Furniture:
Total value _____ Monthly Payment _____
Balance owed _____

Doctor & Medical:
Amount owed _____ Monthly Payment _____

Credit Cards:
Total owed _____ Total Monthly Payment _____

Personal loans:
A. _____ Amount _____ Payment _____
B. _____ Amount _____ Payment _____
C. _____ Amount _____ Payment _____

Have you ever declared Bankruptcy? _____ If yes, please explain _____

Are you current with all of your payments? _____ If not, please explain _____

I hereby authorize the District board to request a credit reference check in my name if they deem it necessary.

Signature _____ Date _____

Application approved _____ Date _____
Application rejected _____ Date _____

By action of the South Texas District Board on the _____ day of _____, _____.

South Texas District Secretary