

# Application for Housing

**Shepherds Bethel Mission.**

P.O. Box 37 West Baden IN, 47469

Phone: (812) 936-9648

1. Name of applicant: First \_\_\_\_\_ Last \_\_\_\_\_
2. Present address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Number in family included: Total: \_\_\_\_\_ Boys: \_\_\_\_\_ Ages: \_\_\_\_\_ Girls: \_\_\_\_\_ Ages: \_\_\_\_\_
4. Number of children attending public school here: \_\_\_\_\_
5. Mission board name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_
6. Sending Church name & contact info:  
\_\_\_\_\_  
\_\_\_\_\_
7. Any other phone number where we can reach you: \_\_\_\_\_
8. E-Mail \_\_\_\_\_
9. Field of service: \_\_\_\_\_
10. Type of ministry: \_\_\_\_\_
11. Length of service under this board: \_\_\_\_\_
12. Exact arrival date: \_\_\_\_\_
13. Approximate length of stay needed: \_\_\_\_\_
14. Any special need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Our ministry runs on a cooperative team spirit. Can your family obey the rules set down by Shepherd's Bethel staff? \_\_\_\_\_
16. How did you hear about this ministry? \_\_\_\_\_  
\_\_\_\_\_
17. **NO PETS ALLOWED OF ANY KIND.**
18. Homes are fully furnished. Please do not bring any furniture with you.
19. Lines 1-14 **MUST** be completed to process application.