



## APPLICATION FOR LAND OCCUPANCY LICENSE

1. FULL NAME: .....
2. HOME ADDRESS: .....  
.....
3. OFFICE ADDRESS: .....  
.....
4. PHONE NUMBERS: HOME: ..... OFFICE: .....
5. PARISH: .....  
ZONE ..... PROVINCE: ..... REGION .....
6. AGE: ..... DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_
7. MARITAL STATUS: SINGLE/MARRIED/DIVORCED/SEPARATED/WIDOW/WIDOWER (circle one)
8. NAME OF CHILDREN, IF ANY, AND DATE OF BIRTHS AND AGES:  
(1) ..... (2) .....  
(3) ..... (4) .....
- IF YOU HAVE MORE THAN 4 CHILDREN, PLEASE PROVIDE THEIR NAMES, DATES OF BIRTH AND AGES  
TYPEWRITTEN ON AN ADDITIONAL SHEET AND ATTACH TO THIS APPLICATION
9. ARE YOU BORN AGAIN? YES: ..... NO: .....  
IF YES, WHEN? ..... WHERE? .....
10. IS YOUR SPOUSE BORN AGAIN? YES: ..... NO: .....
11. ARE YOUR CHILDREN BORN AGAIN? YES: ..... NO: .....
12. HOW LONG HAVE YOU BEEN AT THE PARISH: .....
13. ARE YOU A WORKER OR MINISTER? YES: ..... NO: .....  
IF YES, WHAT DEPARTMENT: .....
14. HAVE YOU BEEN BAPTISED IN WATER: YES: ..... NO: ..... IF YES, WHEN: .....  
BY WHOM: ..... WHERE: .....
15. HAVE YOU BEEN BAPTISED IN THE HOLY SPIRIT? YES ..... NO .....  
IF YES, WHEN: ..... WHERE? .....

16. PLEASE PROVIDE EVIDENCE OF TITHE PAID FOR 12 MOST RECENT CONSECUTIVE MONTHS. DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION WITH SIGNED APPROVAL FROM PARISH PASTOR, ZONAL COORDINATOR AND PROVINCIAL PASTOR.
17. PLEASE PROVIDE BONAFIDE BANK STATEMENTS SHOWING A MINIMUM OF 5 MILLION NAIRA (OR ITS EQUIVALENT IN ANOTHER CURRENCY) THAT HAS BEEN SET ASIDE EXCLUSIVELY FOR THIS PROJECT?
18. PLEASE SUBMIT A PROJECTED TIMELINE TO START AND COMPLETE THE PROJECT ONCE LAND IS ALLOCATED. NON-REALISTIC OR EXCESSIVE TIMELINES MIGHT DISQUALIFY YOU.
19. WHY ARE YOU BUILDING THE STRUCTURE (PLEASE SELECT ONE)?  
 PERMANENT PRIMARY RESIDENCE     OCCUPATION BY FRIENDS & FAMILY  
 FOR CAMP PROGRAMMES ONLY     OTHER, PLEASE ATTACH TYPEWRITTEN EXPLANATION
20. NUMBER OF OCCUPANTS ENVISAGED: .....  
 WHEN WILL YOU HAND OVER THE MISSION ROOM? .....

**DECLARATION:** ALL THE INFORMATION DISCLOSED HEREWITH ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT AND I REALIZE UNTRUE REPRESENTATION IN THIS OR OTHER DOCUMENTS FROM ME WILL LEAD TO AN IMMEDIATE WITHDRAWAL OF ANY LICENSE GRANTED.

APPLICANT NAME (PRINT): .....

SIGN: ..... DATE: .....

**PARISH PASTOR:** BY MY SIGNATURE, I CERTIFY THAT THE APPLICANT  
 ..... IS A FAITHFUL TITHE PAYER.

**NAME (PARISH PASTOR):** ..... SIGN & DATE: .....

ZONAL COORDINATOR: NAME ..... SIGN & DATE: .....

PROVINCIAL PASTOR: NAME ..... SIGN & DATE: .....

**FOR PROVINCIAL PASTOR'S USE.** ✓ FOR YES AND X FOR NO  
 APPLICATION HAS BEEN FILLED OUT COMPLETELY  
 ALL REQUESTED DOCUMENTARY EVIDENCE HAS BEEN SUBMITTED  
 DOCUMENTARY SUBMISSIONS ARE SATISFACTORY

IF YOUR RESPONSES TO THESE QUESTIONS ARE ALL IN THE AFFIRMATIVE, PLEASE SEND THE FORM TO THE OFFICE OF THE CHAIRMAN IN FLOYD, TX (515 COUNTY ROAD 1118, GREENVILLE, TX, 75401)

**FOR USE BY THE OFFICE OF THE CHAIRMAN**

DATE APPLICATION PACKAGE RECEIVED (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION APPROVED     APPLICATION DENIED  
 ADDITIONAL EVIDENCE REQUIRED (PLEASE PROVIDE APPLICANT WITH CLEAR & CONCISE INSTRUCTIONS).

CHAIRMAN'S SIGNATURE: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_