

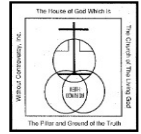
# THE HOUSE OF GOD

Which Is the Church of the Living God

The Pillar and Ground of the Truth Without Controversy, Inc.

Keith Dominion

P.O. Box 22675, Nashville, TN 37202-2675



**Bishop Dr. C. K. Butler, Chief Overseer-Senior Bishop**

## COURTESY WELFARE REQUEST REVISED APPLICATION

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State/ Zip Code)

**State Bishop:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Local Pastor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Band Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Specify need (e.g. Major Surgery, Fire, Flood, or Disaster).** \_\_\_\_\_

**If hospitalized, how long in hospital?** \_\_\_\_\_

**1. If illness, was it: Long Term or Short Term? (Circle One)** \_\_\_\_\_

**2. Are you presently under doctor's care? Yes or No (Circle One)** \_\_\_\_\_

**3. Did your insurance cover all of your expenses? Yes or No (Circle One)** \_\_\_\_\_

**4. If no, please explain need:** \_\_\_\_\_

**5. Have you ever received assistance from your Local or Diocese Courtesy Welfare?** \_\_\_\_\_

If so, give each date of the contributions as well as the incident/s. (Use the reverse side or attach the required documentation). \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State Bishop's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Signature must be that of the presiding bishop. If unavailable to sign, info must have supportive documentation.)*

### FOR OFFICIAL USE ONLY

**Date Received** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_ **Amount:** \_\_\_\_\_