

**WISCONSIN/N. MICHIGAN DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD  
APPLICATION FOR LEASE OF LOT(S)**

Revised 7/2021

The purpose for the leasehold property is to buffer Spencer Lake Christian Center from influences which are deemed by the **Lessor** to be in conflict with Biblical values as the **Lessor** understands them and interprets them in the **Lessor's** practice of religion. The leasehold community is intended to be **a friendly and supportive** neighbor to the camp. It exists to help the camp accomplish its mission of ministry by assisting the camp in its building, maintenance and administrative efforts through their attendance at camp events and donation of labor and finances. These donations are intended to be beyond the payment of lease fee, property taxes, and other assessments.

**1. General Information**

Applicant's Name(s) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_

Location and lot number(s) \_\_\_\_\_

Current owners: \_\_\_\_\_

Type of building(s) on lot(s) \_\_\_\_\_

Date of proposed closing on purchase of building(s) \_\_\_\_\_

**2.** "Wisconsin Northern Michigan District Council of the Assemblies of God reserves the right to restrict the granting of a lease to members of an Assembly of God, attendees of AG, and adherent of the AG beliefs who have been confirmed by an Assembly of God credentialed pastor. This restriction is in compliance with the Federal Fair Housing Act section 807 (42W.S.C. 3607) and the Wisconsin Statute 106.52 (1) (e) (2)."

I \_\_\_\_\_ affirm, acknowledge, and agree that:

- a.** The Leasehold Property is owned and operated by the Wisconsin Northern Michigan District of the Assemblies of God (WNMD), a private nonprofit religious corporation;
- b.** The WNMD/Lessor limits the use, rental, and sale of property to its members and adherents;
- c.** I am a member of an Assembly of God church or an adherent who will support and promote, in good spirit, the beliefs, values, and principles it represents.

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Signature of the Applicants

**3. Church Information**

Name of Church you attend \_\_\_\_\_

Pastor's name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been attending? \_\_\_\_\_ Are you presently attending this church? Yes No

Please describe your involvement and service at your church:

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**4. Please give the NAME, ADDRESS, PHONE numbers & EMAIL of three personal references that are not family members or your pastor:**

1. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Mail to: LPMC  
PO Box 309  
Waupaca, WI 54981**