

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

Revised 3/16

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 and/or an adherent who will support and promote, in good spirit, the beliefs, values, and principles it represents.

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:

3. 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**