Name Phone

**Ordination Status** 

Ministerial Credential Ministerial License Commissioned Minister Credential

**Housing Status** 

1. (Complete Section 1 Only)

2. Owning Number of Months (Complete Section 1 & 2)

2A. Total Months Employed by Conference for 202 î (equals total of line 1 and 2)

## Section 1 - î ì î ï Actual Housing Expenses - Renters and Homeowners

ï X Purchase of Home(Down paymeetc)

ð X Rent Payments

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