COMPASSION
CHRISTIAN CHURCH

Lighthouse Ministry Guest Application

First Visit Date _____

Applicant's Name _____

Physical Address _____ Apt. # _____

City _____ State _____ Zip Code _____

County _____

Date of Birth _____/_____/_____

Phone Number _____ Cell ___ Home ___ Work ___

(Needed to contact you for emergency closures, special Lighthouse events, food recalls, only)

1. **How do you receive your income:** (Circle One)

Disability Child Support Job SSI Retirement Other No Income

2. **Your Housing Type:** (Circle One)

Owner Renter Homeless Other

3. **List each person living in your household:**

First & Last Name	Relationship to Applicant	Age	Date of Birth