

# Evangelist Form

## Declaration of Affiliation with Section Recognition by District for Rebate Purposes Approval of Annual Housing Allowance

### Evangelist Information

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Home Church (if any) \_\_\_\_\_  
Ministerial License:     LOCAL         GENERAL         ORDAINED

### Declaration of Sectional Affiliation

Each evangelist is to affiliate with a particular section in South Texas. Please select one of the following sections:

- CCB - Central Coastal Bend
- HME - Houston Metro East
- HMN - Houston Metro North
- HMS - Houston Metro South
- HMW - Houston Metro West

### Recognition as a Full-time Evangelist for Rebate Purposes

A recognized full-time evangelist is required to pay tithes to the District on his ministerial income. If the evangelist attends General Conference, 50% of his accrued tithing is returned to him two weeks prior to the Conference to assist in defraying expenses. An evangelist **MUST** attend the Conference to qualify for this rebate.

*I would like to be recognized as a full-time evangelist in the South Texas District. I agree to support the District with my ministerial tithing, and any rebate I receive for General Conference will be used to defray my expenses to travel to the same.*

\_\_\_\_\_  
Evangelist's Signature

\_\_\_\_\_  
Date

### Evangelist's Housing Allowance

An evangelist is generally considered to be self-employed, but he is also entitled to a housing allowance pursuant to the Internal Revenue Code, Section 107. The South Texas District board is able to approve housing allowances for evangelists. It is understood that the evangelist is responsible for keeping and maintaining records to substantiate the housing expenses.

*I would like the South Texas District Board to establish a qualified housing allowance for me at a maximum of \$ \_\_\_\_\_ per year. I would like this amount to remain in effect each year unless amended at a future date.*

\_\_\_\_\_  
Evangelist's Signature

\_\_\_\_\_  
Date

**Please send completed form to:  
South Texas District UPCI, PO Box 1367, Friendswood, TX 77549-1367**