



ALPHA OMEGA  
A Campus Ministry of  
Indian Hills Community Church

Application for residency at  
Alpha Omega House  
425 University Terrace  
Lincoln, NE 68508

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**Personal**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

**References**

Please list three references below that we may contact.

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Relation (i.e. pastor, elder, friend): \_\_\_\_\_

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Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Relation (i.e. pastor, elder, friend): \_\_\_\_\_

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Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Relation (i.e. pastor, elder, friend): \_\_\_\_\_

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Please see other side.

Please share a testimony of your personal faith in Jesus Christ.

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Please read and sign below:

The information provided by me in this application for residency at the Alpha Omega House is true and to complete to the best of my knowledge.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_