



Application for Financial Assistance

Notice: Only the head of household may apply for financial assistance

Full Name: _____ I am: Single, Married, Divorced.

Spouse name: _____ Current occupation: _____

Email: _____ Place of Employment: _____

Address: _____ City _____ Zip Code _____

Phone number: (____) ____-____ How much do you receive from Welfare? _____

Monthly income: _____ Your SS#: _____

Briefly explain your financial need:

Please attach a copy of following:

1. Your Driver's License.
2. Copy of your last year's tax return
3. Written confirmation of your need by two well-known individuals from your community or one Islamic Center leader/Imam.
4. Bill(s), invoice(s), or receipt(s) that you need assistance in paying, identified below:

Contact information of two well-known individuals or one Islamic Center leader/Imam who can confirm your need:

First and last name: _____ Phone number: _____

First and last name: _____ Phone number: _____

Declaration: I attest that the information provided is true and accurate.

Full name: _____ Signature: _____ Date: _____

For Office use

The application was received at the front desk by: _____ Date: _____

Notes:
