



## Community Assistance Program Financial Aid Application (Zakat / Sadaqah / Temporary Assistance)

Applicant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Case ID #: 2012 -

(IAMC use only)

### **Instructions and Requirements:**

- 1. Islamic Association of Mid-Cities (IAMC) will keep this application and all the documents submitted with it strictly private and confidential to protect the privacy of the applicant.**
- Applicant should know that there are strict eligibility requirements for Zakat. Your total financial resources must be below the current Zakat Nisab. If you need, IAMC can provide information regarding current value of Zakat Nisab.
- Application must be completely filled out and signed before it can be evaluated and processed by the Islamic Association of Mid-Cities (IAMC) Community Assistance Program Committee.
- 4. Following supporting documents must be attached with the application:**
  - Copy of your Valid Photo Identification Card (e.g., Driver's License, State Issued ID card, Green Card, etc.)
  - Copy of your Social Security Card
  - Copy of past two years Tax Statements – Form 1040EZ or Form 1040, if you have filed taxes for last 2 years
  - Copy of your past two months Bank Statements, if you have Bank Account(s)
  - Copy of Utility Companies' bill if requesting Utility Bill payment assistance
  - Copy of any "Past Due Rent" notices if requesting Rent payment assistance
  - Copy of latest pay-check stub if currently employed
  - Provide any additional information or documentation that IAMC may request during the application review or after approval of your application but before disbursing any funds
- Provide name, position & phone number of an official of your Masjid or any other religious center as a reference.
- Provide names, addresses, phone numbers and signatures of **TWO REFERENCES** who can testify to the accuracy of the contents of your application. These **REFERENCES MUST NOT BE RELATED** to you, or to the creditors, or to each other, and **MUST NOT LIVE** in the same household as each other, the creditors, or you.
- IAMC reserves the right to review or re-evaluate recurring payments every 6 months after initial approval and may discontinue any financial assistance any time if deemed appropriate.
- Decision of the IAMC Community Assistance Program Committee will be considered FINAL. However, in case of denial of an application, the Committee can revisit and re-evaluate your application if your conditions change and you provide any additional information that you think may help the Committee in the approval of your application.
- 9. You must sign the application and grant unrestricted permission and full authorization for IAMC to:**
  - Contact your current or former employer
  - Contact the references that you have provided
  - Conduct a background check on you, if necessary
  - Get a credit report on you, if necessary
  - Take any additional steps deemed appropriate to evaluate your application in a full and fair manner
- 10. I fully understand and agree to abide by all the instructions and requirements laid out in this application form.**

Applicant's Signature: \_\_\_\_\_

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

**A. Personal Information:**

Applicant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phones: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Widowed Emergency Phone #: \_\_\_\_\_  
 Applicant's Birth Date: \_\_\_\_\_ Gender:  M  F Email Address: \_\_\_\_\_  
 Driver License or State Issued ID #: \_\_\_\_\_ Valid Thru: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**B. Reason for Financial Aid Request: (Please check all that apply and provide info as requested)**

What type of Financial Aid are you applying for:  Zakat  Sadaqah  Temporary Assistance  
 If applying for Zakat, do you know the strict eligibility requirements for Zakat and are your total financial resources below the current Zakat Nisab?  Yes  No **If No, please ask IAMC for explanation of Zakat Nisab**  
 **Utility Bills (Electric/Gas/Water):** (Provide Utility Company name, address and account number. Attach copy of bills to be paid)  
 \_\_\_\_\_  
 **Rent:** (Provide Landlord's name, phone #, address, Apt. #, and total amount due. Attach copy of any "Past Due Rent" Notices)  
 \_\_\_\_\_  
 **Food:** (Other than monetary assistance, if you also need help with food or other essential items, describe your needs below)  
 \_\_\_\_\_  
 **Other:** (Describe what other specific needs you have, if it is not Utilities, Rent or Food)  
 \_\_\_\_\_

**C. Dependents - Spouse/Children/Other Household Members: (List all family members who are your dependents)**

Name (First / Last)	Relationship	Soc. Sec. #	Birth Date or Age	M / F
Spouse -	Spouse			

**D. Employment Information:**

Are you currently employed?  Yes  No if No, how long you have been out of a job: \_\_\_\_\_  
 Please provide the following information about your current or former employment.  
 Current/Former Employer/Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Monthly Income: \_\_\_\_\_ How Long Employed: \_\_\_\_\_  
 If you are able to work, do you agree to advertise in IAMC's Help Available Advertisement?  Yes  No  
 If **Yes**, what marketable skills do you possess: \_\_\_\_\_

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**E. Financial Sources & Expenses:** (List all your sources of income, tangible assets and monthly expenses)

Monthly Gross Income		Monthly Expenses		\$ Value of All Tangible Assets	
Source	Amount	Item	Amount	Item	Amount
Self		Food		Cash	
Spouse		Rent		Bank Account(s)	
Sons(s)		Utilities		Gold	
Daughter(s)		Other:		Silver	
Other:		Other:		Property:	
Other:		Other:		Property:	
<b>Total Income:</b>		<b>Total Expenses:</b>		<b>Total \$ Value:</b>	

**F. Other Financial Sources:** Have you received (or have you applied for) Zakat / Sadaqah or any other financial assistance from other sources including other Masajid and/or any State/Federal/Private Agencies?  Yes  No  
If Yes, please list all the sources and amounts received or expected to be received:

<u>Source (Name / Address)</u>	<u>When Applied</u>	<u>Approved (Yes / No)</u>	<u>Amount Received / Expected Since January of This Year</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

**G. Additional Information:** Use the space below to provide any additional information that may help IAMC to evaluate and understand your financial needs. (Attach additional sheets if necessary)

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**H. Masjid / Religious Center Reference:** Please provide the name, position, and phone # of an official of your Masjid or any other religious center, who knows you and can serve as a reference for you (if none, so state):

Masjid / Religious Center Name	Official's Name	Position	Phone #

Applicant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

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I. **REFERENCES:** Please provide TWO REFERENCES along with THEIR SIGNATURES who can attest to the information provided in this application. These REFERENCES MUST NOT BE RELATED to the applicant, or to the creditors, or to each other, and MUST NOT LIVE in the same household as each other, the creditors, or the applicant.

**We, the undersigned, solemnly witness that there is no god but Allah (SWT) and that Muhammad (PBUH) is His Messenger, and that all the information in this application is true and accurate to the best of our knowledge.**

(1) Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Have Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

(2) Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Have Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

J. **Applicant's Signature:** (Please read the following statement carefully before signing)

*I hereby grant unrestricted permission to the Islamic Association of Mid-Cities (IAMC) to take any appropriate steps and contact anyone including my references, current or previous employers, and conduct background & credit checks for the sole purpose of verifying and/or supplementing the information I have provided for evaluating this application*

*I also understand that for recurring payments, IAMC may request additional information, at least 14 days prior to disbursing funds, and that IAMC may reevaluate recurring payments every 6 months. I have attached all required documents with the application and will also provide any additional information that is requested.*

**I solemnly witness that there is no god but Allah (SWT) and that Muhammad (PBUH) is His Messenger, and that all the information provided in this application is true and accurate to the best of my knowledge and nothing has been concealed.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For IAMC Use Only -- Community Assistance Program Committee Decision**

Application Approved:  Yes  No If No, reasons for denial: \_\_\_\_\_

Amount Approved: \_\_\_\_\_  Zakat  Sadaqah  Temporary Assistance  
 One Time  Monthly Check Payable to: \_\_\_\_\_

Additional Notes for the IAMC Treasurer: \_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Members' Signature: \_\_\_\_\_