

Islamic Center of San Diego

مسجد أري بحر السديق

Application for Financial Aid

Dear Brother/Sister

Assalamu Alaikum

We realize any person requesting financial help would like to keep his/her financial situation private as much as possible. The following application will assist us to process your request with the least amount of personal contact. So please take your time to complete this application form thoroughly. It is important that you fill all blanks. If you feel that you need additional space to explain your situation, use the back side of this form. Please be aware that it usually takes us **two weeks** to process this form. Thus, we urge you to turn in this form as soon as possible. **Make sure that the information you provide is true and complete; failure to do so will affect the outcome of your request.** Finally, we ask Allah to provide you with help and support so that you can get out of this difficult situation.

I. Application Information:

Legal Last Name _____ MI _____ Legal First Name _____
Other Name/Muslim Name _____ Social Security# _____
Street Address _____
City _____ State _____ Zip Code _____
Work Telephone# _____ Home Telephone# _____

III. Family Income:

\$ _____ / per month
Total Family Income

Applicant's Occupation _____ Employer's Name & Telephone # _____

Spouse's Occupation _____ Employer's Name & Telephone # _____

Total amount you receive from other sources (e.g. government)

\$ _____

V. Amount requested/Purpose/Financial Need:

The committee normally processes checks to a third party. **NO checks will be written directly to the applicant.**

\$ _____ Purpose: _____
Amount (e.g. pay rent, electricity, etc...)

Explain your financial situation (use space on back of sheet, if needed)

Payable to: _____
(Check is written to the order of...)

Street Address _____

City _____ State _____ Zip code _____

Work Telephone # _____ Home Telephone _____

II. Age/Status/Physical Ability:

Age: _____ Sex: _____

Marital Status: _____

No. of Dependents living with you: _____

Disability: _____
explain

IV. References:

Please give names and telephone numbers of two individuals who know about your financial difficulties:

1. _____
Legal Name Telephone #

2. _____
Legal Name Telephone #

VI. Authorization:

I certify that the information contained in this application is true, and I authorize the Social and Welfare Committee to investigate my needs and income:

Signature _____ Date _____

Please drop this form in the Islamic Center's **office** or mail to:

Social & Welfare Committee
Islamic Center of San Diego
7050 Eckstrom Avenue
San Diego, NC 92111

VII. Official Use Only:

The request is Approved / Denied

\$ _____
Amount Date

Processor's Initials: _____