

**Office Use Only:**

Amount: \$ \_\_\_\_\_ Total YTD: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Initials: \_\_\_\_\_



**Islamic Center of San Diego**

7050 Eckstrom Ave San Diego, CA 92111

Tel: 858-278-5240; Fax: 858-278-9259; email: [admin@icsd.org](mailto:admin@icsd.org)

Processed by: **Somali Family Services**

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

Shared with: **Muslim Community Services**

**FINANCIAL ASSISTANCE APPLICATION FORM**

Please complete all sections and provide the necessary documentation. Failure to do so may result in a delay in the application process. Applications must be submitted to the Islamic Center of San Diego (ICSD) with a copy of your Driver's License, Social Security Card or other form of ID. This application is not a guarantee of financial assistance.

**ADDRESS:** \_\_\_\_\_

Number of household members: **under 16 years old:** \_\_\_\_\_ **16+ years old:** \_\_\_\_\_ [See back of form]

**1. Applicant Information:**

**Spouse Information:**

FULL NAME: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ID/DL/SS#: \_\_\_\_\_ M/F  
 Native Language: \_\_\_\_\_  
 Marital Status: Single / Married / Separated / Divorced / Widow  
 Occupation: \_\_\_\_\_ Addl Income: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ID/DL/SS#: \_\_\_\_\_ M/F  
 Native Language: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Addl Income: \_\_\_\_\_

**2. Household Financial Information:**

Cash Aid (Gov)	SSI	EBT	Disability	Rent	Utilities	Bills
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Have you applied for Financial Aid at **ICSD**? Y/N? at **MCS**? Y/N? at **MCC**? Y/N **Disabled** Y/N (Provide Documentation)

**3. Financial Need:**

Purpose of Financial Request: \_\_\_\_\_  
 \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

**4. Authorization:**

I certify that the application information provided on this form is true and accurate to the best of my knowledge. I authorize ICSD to investigate my needs and income. I understand that this application is not a guarantee of financial assistance.

Name (Printed) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Adult Information:**

FULL NAME: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_  
ID/DL/SS#: \_\_\_\_\_ M/F  
Native Language: \_\_\_\_\_  
Marital Status: Single / Married / Separated / Divorced / Widow  
Occupation: \_\_\_\_\_ Addl Income: \_\_\_\_\_

**Additional Adult Information:**

FULL NAME: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_  
ID/DL/SS#: \_\_\_\_\_ M/F  
Native Language: \_\_\_\_\_  
Marital Status: Single / Married / Separated / Divorced / Widow  
Occupation: \_\_\_\_\_ Addl Income: \_\_\_\_\_

**Additional Adult Information:**

FULL NAME: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_  
ID/DL/SS#: \_\_\_\_\_ M/F  
Native Language: \_\_\_\_\_  
Marital Status: Single / Married / Separated / Divorced / Widow  
Occupation: \_\_\_\_\_ Addl Income: \_\_\_\_\_

**Additional Adult Information:**

FULL NAME: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_  
ID/DL/SS#: \_\_\_\_\_ M/F  
Native Language: \_\_\_\_\_  
Marital Status: Single / Married / Separated / Divorced / Widow  
Occupation: \_\_\_\_\_ Addl Income: \_\_\_\_\_