



## Social Welfare Committee

### Application for Financial Aid

Please fill out the form fully and attach all the required documents in order for us to process your request. Incomplete documents will not be processed and delay your request. All information will be kept strictly confidential including any documents submitted.

This application can take up to 2 weeks to process after all the documentation has been received. The applicant's signature certifies that all the information provided is true and complete.

#### 1. Applicant's information:

_____	_____	_____
Legal Last Name	MI	Legal First Name
_____	_____	_____
Other Name/Muslim Name	Religion	Social Security
_____		
Street Address		
_____	_____	_____
City	State	Zip Code
( ) - _____	( ) - _____	
_____	_____	
Work Telephone	Home or Cell Telephone	
_____		
Email		
_____		
_____		_____
Spouse's Legal Name (Last, MI, & First Name)		Spouse's Social Security #

#### 2. Age/Status/Physical Ability:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Number of dependents living with you: \_\_\_\_\_ Disability: \_\_\_\_\_  
Explain

#### 3. Family Income:

\$ \_\_\_\_\_/per month  
Total Family Income

_____	_____	_____
Applicants Occupation	Employers Name	Telephone Number
_____	_____	_____
Spouse's Occupation	Employer's Name	Telephone Number

**Additional income you receive from other sources (e.g. unemployment insurance, welfare, etc. form government and all sources)**

\$ \_\_\_\_\_

#### 4. References:

Please give names and telephone numbers of two Muslim individuals in the local community (not related to you) who know about your financial difficulties, and who have not received any aid or benefits from ICM SWC in the last 2 years:

1.	_____	_____
	Legal Name	Telephone Number
2.	_____	_____
	Legal Name	Telephone Number

**5. Amount requested/Purpose/Financial Need:**

The committee processes checks to a third party. **No checks will be written directly to the applicant. You must attach a lease contract bills, or other statements for which this financial aid is being requested.**

Attach Bill or Statement for which Financial Aid is being requested

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Amount (e.g. pay rent, electricity, etc....)

Explain your financial situation (use space an extra sheet to explain, if needed)

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**PLEASE ATTACHE THE FOLLOWING DOCUMENTS. YOUR APPLICATION WILL BE INCOMPLETE AND CANNOT BE PROCESSED WITHOUT THIS DOCUMENTATION.**

**Please note that the below listed financial documentation will be kept confidential/secured and will not be copied or reproduced, and will be returned after the application is processed.**

Most recent Federal Income Tax Return

Last 2 Paystubs

All Bank Account Statements (checking, savings & Investments)

**6. Authorization:**

I certify that the information contained in this application is true. I authorize the Social and Welfare Committee to investigate my needs and income including performing a credit check and obtaining my credit reports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Application without a signature will not be processed.**

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**Official Use only:**

**Action:** Approved      Denied

\$ \_\_\_\_\_ **Date:** \_\_\_\_\_ **Processor's Initial** \_\_\_\_\_

**Applicant's Financial Documentation:**

I acknowledge that all my financial documentation has been returned to me.

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

\_\_\_\_\_  
Date

**PLEASE DROP OFF THIS FORM IN THE Islamic Center's Social & Welfare Committee Box in the lobby or mail to 107 Quail Fields Ct, Morrisville, NC 27560**