



In the Name of Allah, the Most Beneficent the Most Merciful

¹Financial Assistance Form

Date: _____

Personal Information:

Full Name: _____

Date of Birth: _____

SSN#: xxx-xx-_____ (Please provide last four of SSN)

Address: _____

City: _____ State: OR Zip: _____

Phone: _____

E-Mail: _____

Residence Status:

Permanent Resident (Green Card Holder): US Citizen: **Please provide valid ID

× Other (please specify) _____

Marital Status:

Single Married, number of children under 18, if any _____

Employment Status:

- Employed: Employer Name and Address: _____
- Temporary work
- Unemployed

Reason: _____

Financial Status:

Do you receive public aid: YES NO

If YES, please specify the source for the following:

Food Stamps: _____ Cash: _____ Rent: _____ Other: _____

Do you receive assistance from local Muslim organizations? If so, please specify what kind of assistance.

How much financial aid is requested from Masjid Ibrahim: \$ _____

How will the aid be used: _____ e.g. deposit and rent

Describe your plans to find a job/other source of income:

References:

FOR MASJID USE ONLY:

Approved - Amount: _____ Date: _____

Not Approved - Reason: _____

¹ All information on this form is kept confidential.

Any documents obtained from you e.g. copy of ID, will be destroyed upon approval or denial of your application.