

Islamic Foundation of Greater St. Louis Application for Assistance

Mailing Address: P.O. Box 240219, Ballwin, MO 63024 **Street Address:** 517 Weidman Rd., Manchester, MO 63011
Office: 636-394-7878 **Fax:** 636-527-1943 **Website:** www.Islamicfoundationstl.org **E-mail:** office@islamicfoundationstl.org

Assistance Requested: _____

Note: For rental assistance, we need landlord's information. For utility assistance, we need copies of the utility bills.

First name _____ **Last Name** _____

Address

Street & Apt. Number _____

Home Phone _____
Cell Phone _____

City, State & Zip _____

Social Sec. # _____ **DOB(mm/day/yr)** _____ **Age** _____ **Sex** M _____ F _____

Married _____ Divorced _____ Single _____ Widowed _____

Spouse's First Name _____ **Last Name** _____

Country of Origin _____ **Native Language(s)** _____

English Fluency: Excellent / Good / Fair / Very Limited / None

Legal US resident/citizen or otherwise legally in the US? _____ yes _____ no

Currently Employed? _____ yes _____ no **Occupation** _____

Employer _____ **Work Phone:** _____

Employer's Address

Street _____ **City, State & Zip** _____

Children's Names _____ **Sex** _____ **Age** _____ **Grade** _____

Are you Muslim? _____ yes _____ no
Which Masjid do you attend _____
Number of Dependents in Household _____

Monthly Income

Wages _____ **SSI/AFDC** _____ **Food Stamps** _____ **Child Support** _____ **Unemployment Benefits** _____

I declare and certify, that the information provided here is true and accurate to the best of my knowledge and beliefs.

Applicant Signature _____ **Date** _____

For Office Use Only

Overall Assessment (SSC only to fill out)

Yes **No**
Nisaab criteria met _____
Zakat eligible _____
Eligible for sadaqat _____
Justifiable to receive _____

Comments on assistance to be given; if denied, explain

I fully and accurately reviewed the information provided in arriving at the decisions regarding assistance.

Case Worker Signature

Date