

Islamic Foundation of Greater St. Louis Application for Assistance

Mailing Address: 5911 SW Ave., St. Louis MO 63139

Website: islamstl.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 (\$ per month received)

Wages _____ SSI/AFDC _____ Food Stamps \$ _____ Child Support _____ Unemployment Benfits _____

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 Assesmer (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