



# APPLICATION FOR FINANCIAL ASSISTANCE

## SECTION I. APPLICANT INFORMATION

APPLICATION # : \_\_\_\_\_

Date (MM) (DD) (YYYY)  
  -   -

Driver's License #  
   -   -

LAST NAME:

FIRST NAME:

MI

ADDRESS 1 (House Number, Street Name):

CITY:

STATE:

ZIP / POSTAL CODE:

HOME PHONE NUMBER:  
   -    -

ALTERNATE PHONE NUMBER:  
   -    -

E-MAIL ADDRESS:

## SECTION II. SPOUSAL INFORMATION (if Married)

LAST NAME:

FIRST NAME:

MI

ADDRESS 1 (House Number, Street Name):

CITY:

STATE:

ZIP / POSTAL CODE:

HOME PHONE NUMBER:  
   -    -

ALTERNATE PHONE NUMBER:  
   -    -

E-MAIL ADDRESS:

## SECTION III. EMERGENCY INFORMATION

EMERGENCY CONTACT LAST NAME:

EMERGENCY CONTACT FIRST NAME:

MI

PHONE NUMBER:  
   -    -

ALTERNATE PHONE NUMBER:  
   -    -

E-MAIL ADDRESS:



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### SECTION IV. ADDITIONAL HOUSEHOLD MEMBER INFORMATION (PLEASE INCLUDE ADULTS LIVING IN HOUSEHOLD)

NAME	RELATIONSHIP	AGE	INCLUDE INCOME

### SECTION V. FINANCIAL INFORMATION

MONTHLY GROSS INCOME		MONTHLY EXPENSES		ASSETS	
Source	Amount	Item	Amount	Item	Amount
Work		Rent/Mortgage		Checking	
SSI		Credit Cards		Savings	
Child Support		Utilities		IRA	
Govt. Support		Phone		Pension Fund	
Spouse Income		Car Note + Ins		Stocks/Bond	
Other Masajids		Food		Property Equity	
Charity Org.		Transportation			
Food Stamps		Medical			
Other		Other		Other	
<b>Total:</b>		<b>Total:</b>		<b>Total:</b>	

### SECTION VII. REFERENCES (PLEASE PROVIDE 3 REFERENCES)

1. References provided MUST be familiar with applicant’s financial situation.
2. MMA’s Prefer known MMA community members for reference to ensure quick processing of application.

REFERENCE NAME	PHONE NUMBER	EMAIL ADDRESS

### SECTION VI. AMOUNT AND DURATION OF FINANCIAL ASSISTANCE

Amount Requested: \_\_\_\_\_ Duration: One Time Monthly; for how many months \_\_\_\_

Have you or your family member received or applied to MMA or other source for financial assistance?

Yes No.

If Yes, Please provide the following: Source Name: \_\_\_\_\_ Amount: \_\_\_\_\_



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## SECTION VIII. ACKNOWLEDGEMENT

### PLEASE READ CAREFULLY BEFORE SIGNING

Applicant accepts and testifies to the following:

1. Applicant has provided true and complete information to the best of his/her knowledge and it may be disqualified for assistance if he/she knowingly provides false information on the application.
2. Applicant may be required to present copies of supporting documents like Driving License, IRS filings, W-2 forms, Utility Bills.
3. The requested assistance will be in the form of cheques.
4. Applicant is responsible for reporting financial assistance to the IRS and other Govt., agencies as required under law.
5. The MMA management may take up to 15 business days for processing application, verifying information and decision making.
6. I \_\_\_\_\_ recognize that the purpose of this application is to evaluate my eligibility for qualification of Financial Assistance by MMA.
7. I \_\_\_\_\_ hereby grant MMA and its authorized agents and officers permission to verify the information provided in this applicant for accuracy.
8. I \_\_\_\_\_ hereby acknowledge and agree that any funds provided by MMA to me or any or my family members upon approval of this financial assistance application will not be used to for any activities prohibited under local, state and federal laws of the United States.
9. Applicant acknowledges that he/she stand before Allah (SWT) in truth and Allah (SWT) is his/her witness.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR MMA OFFICIAL USE ONLY**

Application Received: Date: \_\_\_\_\_

New

Repeat

Application Decision: Date: \_\_\_\_\_

Approved

Denied

Deferred

Amount Authorized: \_\_\_\_\_

Monthly

One Time

If monthly for how many months \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_