

## Social and Welfare Committee of Islamic Association of Raleigh

# Application for Financial Aid

The Social & Welfare Committee (SW-C) of IAR distributes Zakat donated by the community to those who are in need and are eligible for Zakat. **Please fill out this application form fully and attach the required documents. Incomplete applications or applications without the required documentation will not be processed. Please note that the "financial" documentation provided will NOT be copied and will be returned after the application is processed. All information and documentation furnished as part of this application will be kept strictly confidential.** Please be aware that it can take **two weeks** to process this application after all documentation has been received. Your signature on this application certifies that the information you provide is **true and complete**.

**I. Application Information:**

Legal Last Name \_\_\_\_\_ MI \_\_\_\_\_ Legal First Name \_\_\_\_\_

Other Name/Muslim Name \_\_\_\_\_ Religion \_\_\_\_\_ Social Security# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work Telephone# Home Telephone#

Email \_\_\_\_\_

**Spouse Information:**

Spouse's Legal Name (Last, MI, & First Name) \_\_\_\_\_ Spouse's Social Security# \_\_\_\_\_

**III. Family Income:**

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

Applicant's Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_ & Telephone # \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_ & Telephone # \_\_\_\_\_

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

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

**V. 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 on back of sheet, if needed)

\_\_\_\_\_

**PLEASE ATTACH 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, saving & investment)

**II. Age/Status/Physical Ability:**

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

No. of Dependents living with you: \_\_\_\_\_

Disability: \_\_\_\_\_  
Explain \_\_\_\_\_

**IV. 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 IAR SW-C in the last 2 years:*

1. \_\_\_\_\_ - \_\_\_\_\_  
Legal Name Telephone #

2. \_\_\_\_\_ - \_\_\_\_\_  
Legal Name Telephone #

**VI. 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 report.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**IMPORTANT NOTE: Applications without a signature will NOT be processed.**

Please drop this form in the Islamic Center's **Social & Welfare Committee Box** in the lobby, or mail to:

**Social & Welfare Committee**  
**Islamic Association of Raleigh**  
**3020 Ligon Street**  
**Raleigh, NC 27607**

**VII. Official Use Only:**

Action: Approved / Denied

\$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Amount (if approved) Date

Processor's Initials: \_\_\_\_\_

**Applicant's Financial Documentation:**

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date