

For Office Use Only

Approved: \$ _____ Referred _____ Denied _____

ZFC members' Signatures: #1 _____ #2 _____ # _____

ZFC members' Names: #1 _____ #2 _____ # _____

Islamic Society of Central Virginia (ISCV)
Application for Assistance

FOR CHARLOTTESVILLE MUSLIM APPLICANTS

708 Pine Street, Charlottesville, VA 22903 Tel: (434) 260-1253

www.charlottesville Masjid.com Email: iscvmembers@gmail.com

- Copy of photo ID (all adults living in household)
- Copy of Social Security cards for everyone in the household
- Supporting documents (such as: current lease, 2 most recent bank statements, and recent tax return)
- Last two pay stubs
 - If unemployed, please provide unemployment stubs.
 - If you receive public assistance of any kind such as TANF, SSI, Section 8, etc. Please provide relevant letter.

Section I: Assistance Needed (Please check)

Rent: _____ Food: _____ Medical: _____ Utilities: _____ Other (list): _____

Section II: Personal Information

Applicant's Name: _____ Last 4 of Social Security _____
First name Last Name M.I.

Address: _____
Street City State Zip Code

Phones: (CELL) _____ (HOME) _____ (EMAIL): _____

Date of Birth: _____ Gender: Male Female Citizenship/Visa Status: _____

Are you currently employed? Yes No If yes, where? _____ Monthly \$ _____

*Which masjid do you attend? _____

Have you received any assistance from ISCV before? Yes No

If yes, When? _____ How much? _____

Have you previously applied for assistance from any other organization? Yes No

If yes, when? _____ How much? _____ Name of Organization: _____

Marital Status: Single Married Divorced Separated Widowed

If unemployed, are you actively seeking paid work? _____ Which field? _____

Section III: Spouse's Name: _____ **Last 4 of Social Security#** _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse's date of birth: _____ Spouse's Legal Status: _____

Is your spouse employed now? Yes No If yes, where? _____ Spouse's monthly income _____

Section IV: OTHER PERSONS IN HOUSEHOLD

Name	Relationship	Social Security #	DOB	Gender

Do you have a County caseworker? Yes No If yes, name: _____

Agency: _____ Phone Number: _____

Section V: FINANCIAL NEED Please explain your situation. Print clearly. Amount Needed _____

Section VI: APPLICANT'S FINANCIAL INFORMATION

MONTHLY GROSS INCOME		MONTHLY EXPENSES		ASSETS	
Source	Amount	Item	Amount	Item	Amount
Work (household total)		Rent/Mortgage		Checking	
SSI		Utilities		Savings	
TANF				Credit Cards	
Food Stamps		Phone / Cell phone		Real Estate	
Section 8		Transportation		Spouse Income	
Child Support		Medical		Other Mosques	
Charity Org		Car Note/Insurance		Investments	
Total Monthly Income:		Total Monthly Expenses:		Total Value of Assets:	

1. I understand that ISCV may refer my case to county agencies and centers first.
2. I understand that it may take minimum 10 days and maximum two weeks to process the application.
3. I am a Muslim and agree not to use any funds provided for unIslamic activities of any sort.
4. Regardless of whether or not the application is approved, I agree that ISCV will keep copies of my documentation pertaining to my file.
5. I understand I may be subject to a home visit by a Zakah Committee member or appointee.
6. ISCV has the right to deny any case without any explanation.
7. In order to assess eligibility for Zakah funds, the Zakah Committee may verify the information mentioned herein by calling references or checking with other sources.
8. I acknowledge that the information provided herein is 100% correct.
9. The ISCV has permission to anonymously describe the circumstances of my case in order to secure funding.
10. By signing this form I agree to the terms included herein.

I, _____ testify that I'm not involved in any activities that would be characterized as terrorist activities. I also do not support or have connections with individuals or organizations affiliated with terrorist activities.

Section VII: References – Applicant must provide two references and phone numbers.

Name	Phone Number
Name	Phone Number

APPLICANT'S SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____