

FOR OFFICE USE ONLY

Approved for Charity: \$ _____ Approved for Loan: \$ _____ Denied

Authorized Signature



6844 Braddock Rd. Annandale, VA 22003 tel: (703)-658-7134 fax: (703) 658-7177 web: www.mustafacenter.org

APPLICATION FOR ASSISTANCE

COMPLETELY FILL OUT THE APPLICATION

Section I: Personal Information

Full Name: _____ Gender: _____

(Last) (First) (Middle)

Social Security Number: _____ Date of Birth: _____

Address: _____
(Number and Street) (City) (State) (Zip code)

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Job Title: _____ Job Location: _____

What Masjid do you attend? _____

Section II: Household Information

List all members of your household:

Name	Relationship	Social Security #	DOB	Gender

Section III: Income and Expenses

MONTHLY GROSS INCOME		MONTHLY EXPENSES		ASSETS	
Source	Amount	Item	Amount	Item	Amount
Work (household total)		Rent/Mortgage		Checking	
Govt. Assistance		Utilities		Savings	

Other Organizations		Automobile Payments		Property Equity	
Friends/Family		Automobile Insurance		Other	
Other		Health Insurance			
		Credit Cards			
		Other			
Total Monthly Income:		Total Monthly Expenses:		Total Value of Assets:	

Section IV: Financial Assistance Needs and History

- How much financial assistance do you need? \$ _____
- Describe your reasons for requesting assistance. Please be precise. (DO NOT LEAVE BLANK):

3. Have you received financial assistance from Mustafa Center before? Yes No

- If yes, how much? \$ _____
- When did you receive this assistance? _____

4. Have you received financial assistance from another source? Yes No

- If yes, from what source _____ and how much? \$ _____
- When did you receive this assistance? _____

5. Does Mustafa Center social services have permission to discuss your case with other organizations for verifications purposes? Yes No

9. If **yes**, please initial here: _____

Section V: References

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Section VI: Terms and Conditions

Please read the following carefully before signing.

I accept and testify to the following:

1. Mustafa Center has permission to verify all information relevant to this application.
2. Mustafa Center reserves the right to deny this application without explanation.
3. I may be required to present proof of any statements in this application.
4. Knowingly providing false information will disqualify me from financial assistance.
5. I understand that it may take 10 days or longer to process my application.
6. Regardless of the outcome of this application, Mustafa Center will retain my information on file.
7. I am not involved in any illegal activities and I am not a member of nor do I support any terrorist organization.

Signature: _____ Date: _____

Section VII: List of Required Documents

Failure to furnish these documents may delay or cancel the processing of your application.

1. Photo Identification of you and your spouse
2. Social Security Cards for all members of your household
3. Recent pay stubs for all working members of the household
4. Recent bank statements
5. Receipt of rent payment
6. In case of loan, two known guarantors have to submit the full amount by check. Defaulting on the loan will result in the checks being cashed by the Mustafa Center.
7. Any other documents necessary for processing of this application

Section VIII: Social Services Committee Decision

___ Approved for Charity: \$ _____

___ Approved for Loan: \$ _____

Loan Guarantors:

Name: _____ Tel: _____

Name: _____ Tel: _____

___ Denied

Comments:

Authorized Signature: _____ **Date:** _____

Authorized Signature: _____ **Date:** _____