

File No: _____

Regional Charities / Northwest Islamic Center

Application for Assistance

Check the list of items that are required for the submission of a complete application. If the Application is incomplete or necessary documents are missing, this may delay the review process.

- Completed / signed Application Form
- Signed Authorization
- Government Issued picture ID
- Copy of income tax verification (last year's tax return, W 2, or other)
- Proof of legal residence
- Asset verification (statement from bank or other financial institutions)
- _____

IMPORTANT

Please place the completed application and supporting documents in the accompanying, self-addressed envelope and SEAL the envelope.

The envelope may be dropped off at the NWIC or mail to:

**Regional Charities / Northwest Islamic Center,
10543 Lackland Road, St. Louis, MO 63114**

Applicant's initials _____

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Attestation

I, _____ solemnly affirm that the information I have provided in this application is current and accurate.

Signature of applicant

Date (mm/dd/yyyy)

Witness

Printed Name of Witness

File No: _____

Regional Charities / Northwest Islamic Center Application for Assistance

Personal Information

Last Name: _____ First: _____ Middle: _____

Date of Birth (dd/mm/yyyy): _____ Place of Birth: _____ Gender: M__ F__

Current Address: _____

Phone number: (____) _____ ext: _____ Cell Phone: (____) _____

Social Security Number: _____ Alien Registration No. _____

Citizenship (circle one): US Citizen: Y N Legal Resident: Y N Other (explain): _____

Education (circle one): secondary school high school college university Degree: _____

Currently enrolled in school, college or university? (circle one): Y N Where? _____

Occupation: _____ Are you currently employed?(circle one): Y N

Job skills: _____

Employer (name and address): _____ Date of hire: _____

If unemployed: names and addresses of former employers and dates of employment for the past 2 years:

Name	Address	Start date	End Date
_____	_____	_____	_____
_____	_____	_____	_____

Marital Status (circle one): single married divorced separated widowed

Number of dependents living with you: _____

Name	Gender	Age	Relationship To You	School District	Special Needs
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Financial Information

File No: _____

Income

Monthly wages \$ _____
 Other monthly income \$ _____
 (Social Security, Retirement, AFCD, other)
 Food Stamps \$ _____
 Unemployment Benefits \$ _____
 Alimony/child support income \$ _____
 Energy Assistance \$ _____
 Other Assistance (list) \$ _____
 Other (itemize) \$ _____
 Total Monthly Income \$ _____

Expenses

Monthly rent / mortgage \$ _____
 Utilities gas \$ _____
 electricity \$ _____
 telephone \$ _____
 cell phone \$ _____
 internet/DSL \$ _____
 Other \$ _____
 Automobile insurance \$ _____
 Medical/Healthcare in \$ _____
 Transportation \$ _____
 Total Monthly Expenses \$ _____

Assets

Automobile(s) \$ _____
 House/apartment \$ _____
 Gold/silver/jewelry \$ _____
 Bank balance checking \$ _____
 savings \$ _____
 number of credit cards:
 Other assets (Stocks, Bonds, etc.) \$ _____
 Other properties owned \$ _____
 Other valuables (rugs, etc.) \$ _____
 Total Assets \$ _____

Liabilities

Child support / alimony \$ _____
 Loans \$ _____
 (type of loan)
 Mortgage \$ _____
 Credit card debt \$ _____
 Medical debt \$ _____
 Other (specify) \$ _____
 Total Liabilities \$ _____

Additional Information

Waiver

I, _____ hereby grant permission to **Regional Charities of Northwest Islamic Center**, 10543 Lackland Road, St. Louis, MO 63114 and/or its representative(s)/case worker(s) to visit me/my residence to facilitate verification of the information I have provided in this application.

Signed and dated by the applicant

Applicant's signature

City

State

date (mm/dd/yyyy)