

Islamic Center of Southlake 1280 N. Carroll Ave., Southlake, TX 76092 Office: (817)912-1063 treasurer@southlakemasjid.com Website: <u>www.southlakemasjid.com</u> Tax Exempt ID: 46-5582022 A Non Profit Religious 501(c)(3) Organization

# FINANCIAL AID APPLICATION

Application must be filled out completely to be processed

Applicant's Name: First:				Last:			Gender: { } M	{        }        F	
Cu	rrent Address: _								
Cit	y:		State:	Zip Code:	Telephone Number:	(	)		
Dri	iver License or S	state Iss	ued ID Number:		State Issued				
Spouse Name (If applicable): First				Last:					
{	} Married	{	} Divorced		Number of children:		Ages:		
{	} Single	{	} Widowed						

#### A copy of the driving license or a valid picture ID needs to be attached to the application. Applicant must be a US citizen or a legal resident in US.

#### Employment:

Date:

Currently Employed: Yes { } No { } If No: How long has been out of employment:						
Current or Former Employer:	Monthly Income:					
Address:						
City:State:	Zip Code:	Position:	Telephone Number: (	)		
(ICS may contact your current or former employer)						

#### References: ICS may contact your references for verification

Name: First:		Last:		
Have known since:	Relationship to Applicant:		_ Telephone Number: (	)
Name: First:		_Last:		
Have known since:	Relationship to Applicant:		_ Telephone Number: (	)

Details of Financial Aid Needed. (Note: Please specify your financial needs. For utilities and rent, ICS issues checks to utility or rental companies/landlord ONLY and NOT in the name of the applicant).

Туре	Amount	Account Number	Make Checks payable to
Rent	\$		
Gas	\$		
Electricity	\$		
Water	\$		
Phone	\$		
Other	\$		

## History of financial aid

## Note: ICS would decline any application if the following questions are skipped or falsely answered.

## Answering "Yes" to any of these questions DOES NOT NECESSARILY DENY your application.

1. Have you or any of your dependents ever received any Financial Aid/Assistance from ICS?	(	) Yes	( ) No
2. In last six months, have you or any of your dependents received any Financial Aid/Assistance or is currently receiving any Financial Aid/Assistance from any government agency/department, any masjid or organization other than ICS?	(	) Yes	( ) No
3. In last six months, have you or any of your dependents been denied or declined any Financial Aid/Assistance Request, by any government agency/department or any masjid or organization?	(	) Yes	( ) No
If you answered "YES" to any of the questions above please provide details below			



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Date: \_\_\_\_\_

Date:

### Additional Information (Please attach separate sheet if necessary)

Please use the space below to provide additional information that might help us to evaluate and to understand your financial needs:

I authorize ICS to contact other organization(s) and/or reference(s) listed on this application to verify the information provided and to obtain any other additional information required. I declare that the information given in this Application Form is true to the best of my knowledge.

Applicant's Signature: Application will not be processed unless signed by the Applicant.

#### Zakat Consideration: Fill out and sign the below information if you want to be considered for Zakat Funds.

Asset Class	In U.S.	Abroad
Gold & Silver (Without Jewelry)	\$	\$
Cash on Hand	\$	\$
Bank Account(s) (Checking and Savings Combined)	\$	\$
Securities (Stocks, bonds, etc.)	\$	\$
Mutual Funds	\$	\$
Retirement Accounts (401k, IRA, etc.)	\$	\$
Real Estate (Excluding personal residence)	\$	\$
Business Inventory	\$	\$
Automobiles (Other than for personal use)	\$	\$
Livestock	\$	\$
Other	\$	\$
Total	\$	\$

bear witness that Muhammad is His servant and His Messenger."

Applicant's Signature: \_\_\_\_\_

# -----DO NOT WRITE BELOW THIS LINE------DO NOT WRITE BELOW THIS LINE------

Application Processed By:	_ Amount Approved:
( ) One time ( ) Recurring ( ) Zakat ( ) Sadaqah	
Investigated by:	
Check Payable to: Additional Notes for the ICS Treasurer:	
Committee Chairperson:	Date: