

Islamic Center of Greater Toledo

Financial Assistance Application

Assistance is limited to residents of Lucas County and Wood County.

Today's date: _____

Applicant name: _____

Co-Applicant name: _____

Address: _____

Telephone: _____ (Home) _____ (Cell)

Applicant date of birth: _____ Co-Applicant date of birth: _____

Marital status: ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated

Names and Dates of birth of Dependent Children

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Others living in your household:

Name: _____ Relationship to you: _____ Employed? _____

Name: _____ Relationship to you: _____ Employed? _____

Name: _____ Relationship to you: _____ Employed? _____

Name: _____ Relationship to you: _____ Employed? _____

Your employment status: ___ Currently working ___ Currently unemployed ___ Looking for work

Employment

Where are you employed? _____

Employer contact person: _____ Employer phone: _____

Amount of weekly wages/salary: \$ _____

Unemployment weekly benefit: \$ _____

What is your source of income: \$ _____

Income of others in household: \$ _____

TOTAL HOUSEHOLD INCOME: \$ _____ per week/biweekly/monthly

Do you own your home? ___ Yes ___ No Do you pay rent? ___ Yes ___ No

What is your monthly home mortgage payment amount? \$ _____

What is your monthly house/apartment rent amount? \$ _____

Do you own vehicles? ___ Yes ___ No

Vehicle Make: _____ Model: _____ Year: _____

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Vehicle Make: _____ Model: _____ Year: _____

What is the amount of financial assistance you are requesting? \$ _____

What circumstances caused you to be in the position of needing financial assistance?

What steps are you taking, or have you taken, so that you will not be in this situation again? Example:
I have reduced my monthly expenses; I am back to work, etc.

Please attach copies of supporting documents that may apply to your financial assistance application:

___ Mortgage/Foreclosure notice ___ Eviction notice ___ Electric service invoice

___ Gas service invoice ___ water service invoice ___ Utility service shutoff notice

___ Other, explain _____

Have you received financial assistance from The Islamic Center of Greater Toledo in the past?

___ Yes ___ No If yes, when? _____ Amount received: \$ _____

Did you apply for financial assistance from other mosques, organizations or individuals? _____ Yes

___ No If yes, how much did you receive? \$ _____

Please provide details: _____

Note: Your financial assistance will not be considered unless this form is completed, signed and returned with all supporting documents.

Applicant signature: _____ Date: _____

Co-Applicant signature: _____ Date: _____

For Financial Assistance Committee Use Only

In consideration of above request, the Financial Assistance Committee met on _____ and based on the information provided and supporting documents, the committee renders the following decision:

____ Request for financial assistance denied.

____ Request for financial assistance approved as follows: _____

____ Financial assistance approved amount \$ _____ Check #: _____

President:

Committee Member Name

Committee Member Signature

Treasurer:

Committee Member Name

Committee Member Signature

Imam:

Committee Member Name

Committee Member Signature

Continuous improvement process.

Return completed form to: Islamic Center of Greater Toledo
25877 Scheider Road
Perrysburg, OH 43551
a.shaheen@icgt.org