



**Muslim Communities Association of South Florida (MCA)**  
**ISLAMIC CENTER OF GREATER MIAMI (ICGM)**

4305 NW 183 Street, Miami Gardens, Florida, 33055, Phone: 305 624 5555

**Financial Assistance Form**

Application No:		Date:	
<b>Name:</b> First:	Middle	Last	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Phone:</b> Cell:	Home:	Work:	E-Mail:
<b>Mailing Address:</b>			
		City:	State:      Zip
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	
<b>IF Renting:</b> Landlord Name:		Tel No.:	
Please provide three years of rental history below. Begin with the most recent history:			
Landlord Name:	Phone No.	Period From:	to:
Landlord Name:	Phone No.	Period From:	to:
Landlord Name:	Phone No.	Period From:	to:
Landlord Name:	Phone No.	Period From:	to:
Landlord Name:	Phone No.	Period From:	to:
Marital Status:	Date Of Birth:	Number Of Household Members: _____	
		Ages of children: _____	
Social Security #:	Driver License No.:	State:	

Are you currently Employed: <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please complete the following employment information and provide the three years of employment history:	
1. Employer Name:	
Address:	
Describe your job skills:	
Job Title:	Work Phone:
2. Employer Name:	
Address:	
Describe your job skills:	
Job Title:	Work Phone:
3. Employer Name:	
Address:	
Describe your job skills:	
Job Title:	Work Phone:
4. Employer Name:	
Address:	
Describe your job skills:	
Job Title:	Work Phone:
5. Employer Name:	
Address:	
Describe your job skills:	
Job Title:	Work Phone:

Last Year's Gross Income Reported to Internal Revenue service (IRS): \$:

Do you have private medical insurance coverage?  YES  NO | Are you receiving medical coverage from Medicare/Medicaid?  YES  NO

Are you receiving or have recently received financial help from Friends/Family?  YES  NO If Yes, please provide details:

Are you receiving or have recently received financial help from other sources?  YES  NO If Yes, provide details:

Please Provide References Below:

Name	Relationship	Contact Phone:
Assistance needed :	How Much: \$	When do you need it ?

Briefly describe HOW will the financial assistance be utilized?

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Briefly describe WHY are you in need of financial assistance?

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Additional Comments:

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Monthly Household Income (Including yourself, spouse, children)		Monthly Household Expenses/Debt (Including yourself, spouse, children)		Household Assets (Including yourself, spouse, children)	
Monthly Gross wages	\$	First/Second Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Rent	\$	Savings / Money Market/CD's	\$
Child Support / Alimony*	\$	Food	\$	Jewelry	\$
Taxable or Non-taxable social security/SSDI	\$	Gasoline	\$	Cash on Hand	\$
Disability, death benefits, pension, or public assistance	\$	Utilities (electric/gas etc.)	\$	Automobile	\$
Tips, commissions, bonus and self-employed income	\$	Medical/Health Insurance	\$	Real Estate – Primary Home	\$
Rents Received	\$	Clothing	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	Property Taxes	\$	Loans receivable	\$
Food Stamp	\$	Alimony, child support payments	\$	Other _____	\$
Masjid, other religious or non profit organizations	\$	Automobile Payments	\$	Other _____	\$
From Friends/Family	\$	HOA/Condo Fees/Property Maintenance	\$		
Section 8 Publics Housing Assistance	\$	Other _____	\$		
Other _____	\$	Other _____	\$		
<b>Total (Gross income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

Do you own property or other assets overseas?  YES  NO If yes, please provide details:

Do you have income resources overseas?  YES  NO If yes, please provide details:

Are you eligible to receive Zakat?  YES  NO

The Organization you are seeking assistance from, is prohibited to engage in any activity with any individual or organization that is identified on the State Department Foreign Terrorist Organization (FTO) list, or is under sanction by the Office Of Foreign Asset Control (OFAC). The Organization reserves the right to perform background checks. The applicant acknowledges that the assistance received from the Organization will be utilized solely for the purpose stated in this application, and will not be utilized directly or indirectly, for any other purpose, or for any unlawful activity under the laws of the United States.

**I have read and understand the above information. I hereby affirm that the information I have provided is true, correct and accurate. PLEASE ATTACH A COPY OF YOUR DRIVER LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Assistance Not Approved  Approved  Date Approved: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Check #: \_\_\_\_\_

Category:  Zakat  Sadaqah  Loan Approved By(1): \_\_\_\_\_ Approved By(2): \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_