

# ISLAMIC CENTER OF OLD BRIDGE

205 Route 35 North  
Cliffwood Beach, NJ 07735  
Phone: 732-583-2030

## Financial Assistance Request Form

You must complete the entire form and sign below. Incomplete forms will not be processed.

Your information included in this form as well as any information collected from other sources in connection with the request, will remain confidential and shared only with those in the decision making process.

You will be required to have a confidential meeting with a member of ICOB Zakaat Committee

You may be subject to applicable income taxes on the amount of financial assistance you receive.

You must provide the following information to process this request:

1. Government issued picture ID
2. Bank statements for the past 2 months
3. Federal tax returns for the past year

### APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home and Cell Phone numbers: \_\_\_\_\_ / \_\_\_\_\_

Email address: \_\_\_\_\_ SS#: \_\_\_\_\_

Age(s): Applicant: \_\_\_ Spouse: \_\_\_ Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed:

Type of financial assistance needed:

Cash Amount \$ \_\_\_\_\_ Funds for other needs (Describe and list amount(s) for such Needs)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Location of the masjid near your residence: \_\_\_\_\_

Are you a current or previous member of ICOB? If so, for how long \_\_\_\_\_

Are you related to any current ICOB Board of Trustees/Shura member? \_\_\_ Yes \_\_\_ No

If yes, please provide name(s) and relationship: \_\_\_\_\_

If currently unemployed, check here: You \_\_\_\_ Spouse \_\_\_\_

Current or Most Recent Employer Information (List for both you and spouse):

**HUSBAND:**

Name & Address of Current Employer or business : \_\_\_\_\_

Salary: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

**WIFE:**

Name & Address of Current Employer or business: \_\_\_\_\_

Salary: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

Name & Age of Children currently under your care:

Child No.1: \_\_\_\_\_ Child No. 2: \_\_\_\_\_

Child No.3: \_\_\_\_\_ Child No. 4: \_\_\_\_\_

Child No.5: \_\_\_\_\_ Child No. 6: \_\_\_\_\_

If you have independent Children, please provide Name, Address & Phone No.

Child No. 1: \_\_\_\_\_ Child No. 2: \_\_\_\_\_

Briefly explain the circumstances why you need financial support:

\_\_\_\_\_  
\_\_\_\_\_

Where else have you gone for financial assistance? Please provide name, address and amount received or promised:

\_\_\_\_\_

List what type of financial aid you are currently receiving from a government agency:

\_\_\_\_ Unemployment Insurance \_\_\_\_ Social Security \_\_\_\_ Worker's Compensation \_\_\_\_ Disability \_\_\_\_ Other \_\_\_\_

**REFERENCES:** Reference from within ICOB community preferred.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

I give my permission to have the appropriate ICOB personnel validate any of the above information.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_