



Muslim Association of Bolingbrook

# Masjid al-Islam

## FINANCIAL AID APPLICATION

### Part I: Personal Information

Applicant Name: \_\_\_\_\_ Gender: (Male or Female) \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

(A copy of the driving license or a valid picture ID needs to be attached to the application)

Legal Status in USA: US Citizen: \_\_\_\_\_ Green Card Holder: \_\_\_\_\_ Temporary VISA \_\_\_\_\_ Type: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Occupation/Job: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part II: Application Details

A- Do you or any family member in your household: \_\_\_\_\_ (Amount/ month):

1- Currently working: Yes: \_\_\_ No: \_\_\_ Total Income: \_\_\_/\_\_\_

2- Receive government support: Yes: \_\_\_ No: \_\_\_ Total Assistance: \_\_\_/\_\_\_

3- Applied for financial assistances at any other organization: Yes: \_\_\_ No: \_\_\_

If Yes, Name of the organization: \_\_\_\_\_ When: \_\_\_\_\_

Reason for Financial aid request: (Please check all that apply):

{ } Utilities bill (Electric/Gas/Water): (Please provide company name, address and account number. Attach copy of bill)

{ } Rent: (Please provide below Landlord name, address and apt# and amount due. Attach any notices)

{ } Food: (Other than monetary assistance, if you also need help with food or other items, please describe your needs below)

{ } Other: (Please describe what your specific needs are if it is not Utilities, Rent or Food)

Please list all assets that you own. If not applicable – indicate not applicable. (Required for Zakat Funds Disbursement)

Gold & Silver (Including Jewelry)	\$
Cash on Hand	\$
Bank Account(s) (Checking and Savings Combined)	\$
Securities (Stocks, etc.)	\$
Mutual Funds	\$
Retirement Accounts (401k, IRA, etc.)	\$
Business Inventory	\$
Other	\$

D: Optional: Provide a reference (a member from the community): \_\_\_\_\_

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.

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I hereby certify that the information provided above is correct as presented.

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

\*Privacy disclaimer: Your personal information will be kept confidential and will not be shared with any third party.

**Office use only: (MAB Zakat committee will respond to application within 2 weeks)**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reference contacted: Yes: \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Remarks: \_\_\_\_\_

Decision: Eligible \_\_\_\_\_ Not Eligible: \_\_\_\_\_ Amount: \_\_\_\_\_

Charitable Fund used: \_\_\_\_\_