
# Financial Assistance Request Form

**Date of Application:** _____

**Full Name:** _____

**Date of Birth:** _____

**Phone Number:** _____

**Email Address:** _____

**Address:** _____

**City / State / Zip:** _____

## *Section 2: Household Information*

Marital Status: ■ Single ■ Married ■ Widowed ■ Divorced
Number of Dependents: _____
Household Members (names, ages, relationship):

## *Section 3: Employment & Financial Information*

Current Employment Status: ■ Employed ■ Unemployed ■ Student ■ Retired
Employer (if applicable): _____
Monthly Income (all sources): $ _____
Other Assistance Currently Receiving (if any): ■ SNAP ■ Medicaid ■ Housing Assistance ■ Other: _____

## *Section 4: Assistance Request*

Type of Assistance Requested: ■ Rent ■ Utilities ■ Food ■ Other: _____ Amount Requested: $ _____ Reason for Assistance:

## *Section 5: Supporting Documents (if available)*

■ Proof of Income (paystub, benefits letter, etc.)
■ Recent Bills (rent, utilities, etc.)

■ Identification (driver’s license, ID card, etc.)

## *Section 6: Declaration*

I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that the Islamic Society of Martinsburg may request verification and that submission of this form does not guarantee assistance.
Signature: _____ Date: _____

## *For Office Use Only*

Date Received: _____
Reviewed By: _____
Decision: ■ Approved ■ Denied ■ Pending
Amount Granted: $ _____
Notes: _____

## *Contact Information for Islamic Society of Martinsburg*

■ Address: 312 Wilson Street, Martinsburg, WV 25401
■ Phone: (304) 884■9224
✉■ Email: martinsburgmasjid1@gmail.com

■■ **All requests must be approved by board members.**