

In the name of Allah, the Most Gracious, the Most Merciful

Sadaqah Application

Prophet Muhammad, peace and blessings be upon him said,

"All believers are like component parts of a foundation, each strengthening the other; in such a way they support each other"

Date: _____

As salaamu 'alaikum

Thank you for applying to Masjid Al-Islam Sadaqah/Assistance Fund for assistance. Please complete this form to the best of your ability. All information will be kept in strict confidence. We will respond to your request as soon as possible, insha'allah.

Demographic Data

Full name: (Last, First, M.I.) _____

Spouse: (Last, First, M.I.) _____

Current address: Street _____ Apt. /Unit # _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Single Parent: _____ Elderly: _____ Family in need of Assistance: _____

Single _____ Divorced _____ Widowed _____

Male _____ Female _____

Muslim _____ Non-Muslim _____

Number of Children: _____

1. Age: _____

2. Age: _____

3. Age: _____

4. Age: _____

Have you ever received assistance from this organization? Yes _____ No _____

If yes, when? _____

For what purpose _____

Education

High School Did you graduate? Yes _____ No _____

College Did you graduate? Yes _____ No _____ Degree _____

Other _____ Degree/Diploma _____

Income Data
Current Employer or Source of Income

Employed

Occupation: _____
Company: _____
Address: _____
Salary _____ Weekly _____ Bi-weekly _____ Monthly _____

Unemployed

Check all that apply to you & amount you receive:

____ SSI \$ _____
____ Food Stamps \$ _____
____ TANF \$ _____
____ Unemployment Benefits \$ _____

Type of Assistance Requested

Check all that apply

Food _____ Rent _____ Utilities _____ Other _____

Attention applicants: We will process all request according to Qur'anic guidelines and the availability of funds

Total amount requested: \$ _____ What is the best time to contact you by telephone? _____

Disclaimer and Signature

I hereby certify that my answers are true and complete to the best of my knowledge. I understand that any false or misleading information in my application may result in no assistance.

Applicant's signature: _____ Date: _____

Staff Use Only

Staff certifies by signing that there are no conflicts of interest and/or bias, in assisting with this application. In case of emergencies and availability of Majlis Officers, this process can be altered. If the process is altered, please explain here:

Amir

Request received date: _____ Amir's Signature: _____

*Amir forwards request to Secretary/Administrator or Appointee

Secretary/ Administrator or Appointee

Date received: _____ Received by: _____

- *Secretary/Administrator or Appointee to have applicant fill out application
- *After application is filled out, Secretary/Administrator or Appointee will review application with applicant to assure all information is filled out properly.
- *Secretary/Administrator and/or Appointee and Treasurer meet with Amir to discuss application to determine eligibility/approval

Amir

Approved: _____ Denied: _____ If denied, please explain in comments section below.
 Same amount requested as approved? Yes: _____ No: _____ If not, please explain in comment section.

Comments: _____

Amir's Signature: _____

- *If denied, Secretary/Administrator or Appointee will notify applicant to share the reason why application was denied and file application in Masjid office file cabinet
- *If approved, Secretary/Administrator or Appointee will forward application of approval to Treasurer to have check written, cut and signed.

Treasurer

Date received: _____ Check written, cut and signed in the amount of: _____

Treasurer's Signature: _____

- *Treasurer makes entry into QuickBooks Spreadsheet
- *Treasurer forwards application and signed check to Secretary/Administrator.

Secretary/Administrator

- *Signs and make a copy of the check
- *Make arrangements for applicant to pickup check
- *Applicant signs and date application confirming check received below
- *Make one (1) copy of application for applicant personal record
- *Staple copy of check to the completed (original) application and forward to Amir for final signature of completion

Applicant's Signature: _____ Check received Date: _____

Secretary/Administrator's Signature: _____ Date: _____

NOTE: Make a copy and give to applicant for their own record

Amir's Signature: _____ Date: _____

Address: Masjid Al Islam, 624 George Street, New Haven, CT. 06511
 Phone: 203-777-8004 Email: masjidalislam.net