ISLAMIC SOCIETY OF NORTHERN BALTIMORE, INC.

495 West Padonia Road, Timonium MD 21093

Application for the grant of Zakat and/or Financial Assistance

APPLICANT INFORMATION			
Full Name:			
Street Address:			
City:	State:	ZipCode:	
Phone#:	Email:		
Marital Status: Single ()	Married ()	Widow ()	Divorced ()
Immigration Status: US Citizen ()	Permanent R	esident () Other:	
Number of People in Household: ()			
1. Name & Relationship:			
2. Name & Relationship:			
3. Name & Relationship:			
4. Name & Relationship:			

FINANCIAL INFORMATION

Current Employment Status:

Total Monthly Income:

Total Monthly Expenses (eg. rent, utilities, insurance):

Outstanding Debts (if any):

FINANCIAL ASSISTANCE INFORMATION

Briefly describe the need for financial need and amount requested including type of assistance required (ie. emergency, one-time, long term, etc):

ease attach copies of the follo	ving documents to support your application:
1. Proof of Identification (eg	. Driver's License, Passport)
2. Proof of Address (eg. Util	ty Bill, Lease Agreement)
3. Proof of Income (eg. pay	tubs, tax returns)
4. List of monthly expenses	
5. Proof of urgent need (eg.	eviction notice, medical bills)
6. Names of 2 individuals w	no are familiar with your financial situation
(i) Name:	Phone #
(ii) Name:	Phone #

ADDITIONAL INFORMATION

Do you have any other sources of financial support (family, friends, other organizations)

Have you received financial assistance from ISNB in the past?

Declaration:

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may disqualify me from receiving financial assistance from ISNB.

Signature: _____

Date: _____

Application Submission:

- Applications can be submitted in person at the ISNB center
- You may also call ISNB at 443-850-5600 or 443-708-6422 for any inquiries or assistance with the application process.

Privacy and Confidentiality:

ISNB respects your privacy and will handle your application with the utmost confidentiality. Your personal information will only be used for the purpose of evaluating your financial assistance request.

ISNB Approver: _____