بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

FOR OFFCE USE ONLY

Case ID #

Birmingham Islamic Society

2524 Hackberry Lane Hoover, Al 35226

APPLICATION FOR ELIGIBILITY FOR FINANCIAL AID

We give no direct aid outside the United States

Personal information:

Applicant's Name _____ DL #: _____ State:_____

Spouse's Name _____ DL #: _____ State:_____

Address:_____

_____

Phone: Home: _____ cell: _____ Email: _____

Birth date: _____ Sex: ○ Male ○ Female

Spouse's birth date:_____

Marital Status: ○ Married ○ Single ○ Widowed ○ Divorced

○ Legally Separated ○ Informally Separated

Dependent Children and other household members:

Name	Relationship	DL #, State	Birth date	Gender

Name, position, and phone number of Masjid or other religious institution official who can serve as a reference:

_____

Financial Status: (if none in any column, please SO STATE)

Monthly Gross Income		**Monthly Expenses**		**Net Assets** (value of all your possessions)	
Source	**Amount**	**Item**	**Amount**	**Item**	**Amount**
	$	Food	$	Car book Value	$
	$	Rent	$	House	$
	$	Mortgage	$	Bank Account	$
		Utilities	$		
		Phone	$		
		Other	$		

Are you receiving any financial aid or applied to other sources? ○Yes □○o

If so, list the sources:

Source	**Amount**
Welfare	**$**
Food Stamps	**$**
WIC	**$**
Others: Please specify	**$**

Situation. Please describe the circumstances which are causing financial difficulty (Attach additional pages as necessary.)

How can BIS provide assistance? (Please be specific. For example, "I am requesting $ ___ per month for rent.")

Please read the following carefully before signing

- I/we have read and signed the accompanying notice of disclosures and waivers.
- I/we attach a copy of my/our **driver's license, passport, or green card and any verifying documents related to this request.**
- I/we grant the Birmingham Islamic Society on permission to contact my Masjid and my witnesses for purposes of verifying and/or supplementing the information in this application.
- I/we also understand that the Birmingham Islamic Society may seek other community centers, nonprofit organization, or individuals' cooperation in resolving my situation.
- I/we may be asked to participate in any BIS programs as volunteer as a condition of any grant or assistance. Will also inform to BIS, if the family income changes.
- The Zakat committee meet biweekly, all application will be processed as received in a timely manner; Emergency cases will be determined by the Committee chairman.
- I/we solemnly bear witness that there is no god but Allah and that Muhammad is His messenger, and that the foregoing information is true to the best of my/our knowledge.

Applicant's Certification and Authorization

I swear by Allah that the information reported on this form and all documents attached, the best of my knowledge and belief, are true, correct, and complete. I authorize BIS to use the information to determine my eligibility for financial aid. The BIS also has my permission to verify the information reported or request additional one, if necessary.

I certify that I have read and understood all the financial aid terms and conditions and that I agree to abide by all of them.

Signature:

Email: ibrahim33.is69@gmail.com

Applicant's(s') signature(s) Date

References: [References must be **UNRELATED** to applicant, or to the creditors, or to each other, and must not live in the same household as applicant.] [PLEASE PRINT CLEARLY.]

I the undersigned solemnly bear witness that there is no god but Allah and that Muhammad is His messenger, and that the above applicant is known to me.
Name (1):_____
Telephone: _____
Signature: _____

I the undersigned solemnly bear witness that there is no god but Allah and that Muhammad is His messenger, and that the above applicant is known to me.
Name (2):_____
Telephone: _____
Signature: _____

Committee Decision: (for office use only)
□ Approved □ Disapproved
□ Amount: $ _____
□ Duration: □ One Time □ 3 Months □ 12 Months
□ Condition _____

_____
Committee Chair Signature:

Please read the following carefully before signing:

- I/We understand that either I or my designated recipient will need to complete the financial aid application in order for BIS to review.
- I/We understand that the recipient will undergo the same verification of need process as all other applicants.
- I/We understand that BIS has the authority to accept or deny this request.

_____

Donor's (s') signature(s) Date

The following section to be completed for "Donor Designated Charity Case" only:

Donor name _____
Donor telephone number _____
Donor email _____

Designated recipient _____
Dollar amount and duration _____

Describe the situation of the recipient that merits financial assistance (Please be specific):