



Application for Financial Mentoring

All information provided on this application will be kept confidential

Instructions:

1. All questions on this application must be answered to determine eligibility
2. Photocopies of documents supporting the claim must be submitted with the application

Please Note: The zakat policy of IST states that applicants may apply for zakat assistance only once every 12 months, unless there is a dire emergency. If applicant requires multiple assistance in a year, application for Financial Mentoring will be required instead.

Applicant Information

Applicant Name: _____ Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (Day) _____ (Evening) _____ Cell Phone: _____

Marital Status: (Circle) Married Single Separated Divorced Widowed

Name of Spouse: _____ Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (Day) _____ (Evening) _____ Cell Phone: _____

Other Persons in Household

1. Name: _____ Relationship: _____ Age: _____

2. Name: _____ Relationship: _____ Age: _____

3. Name: _____ Relationship: _____ Age: _____

4. Name: _____ Relationship: _____ Age: _____

Are you a citizen of the United States? _____ or, are you authorized to work in the United States? _____

Financial Aid History

Have you ever received assistance for IST? _____ If yes, when? _____

Have you applied for zakat/sadaqah at other places? _____ If yes, when? _____

Where did you apply and when? _____

Did you receive zakat funds? _____ How much? _____

Have you received assistance from any of the following organizations?

Food Stamps / Link Card

Social Security Benefits or Supplemental Security

Income (SSI)

TANF (Temporary Needy Family Assistance)

Medicaid (*State*) / Medicare (*National*)

Subsidized Housing, Public Housing

Shelter

WIC (Women, Infant, Children) Food Supplementary

Program

Mother and Child Program

Energy Assistance Program

Senior Services

Government Student Loans / Scholarships

Alimony

Child Support

Other: _____

Applicant's Financial Information

Are you currently employed? _____ If yes, what is the name of your employer? _____

Address _____ Phone # _____

Are you receiving financial assistance from other sources: _____

If yes, provide details: _____

If you have other sources of income, other than financial aid, please list them here:

Applicants Estimated Monthly Expenses

Monthly rent/mortgage: \$ _____

Utilities: \$ _____

Groceries: \$ _____

Medical: \$ _____

Transportation: \$ _____

Others: \$ _____

Loans/ Debt: \$ _____

Due Date: _____

Amount of assistance requested: \$ _____

Reason and/or purpose for the amount requested:

Required Documents:

- Last three pay stubs
- Last year tax return
- Copy of eviction/utility cut off notices if required Drivers License
- Copy of Social Security Card, Green Card or Work Visa

Note: Application will not be accepted for consideration if documents are not provided.

Declaration

I (and, if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. **I/we attach a copy of my/our driver's license, social security card, passport, or green card and any verifying documents related to this request.** I/we grant the Islamic Society of Tulsa permission to contact my witnesses for purposes of verifying and/or supplementing the information in this application. I/we also understand that I/we may be asked to participate in the Mentoring program as a condition of any grant or assistance. I/we solemnly 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.

Applicants Signature

Date

Witnesses: You must provide two witnesses who regularly attend salah at Masjid As-Salam. We the undersigned solemnly witness that there is no one deserving of worship but Allah, and that Muhammad (Peace Be Upon Him) is His Messenger, and that the above information is true to the best of our knowledge.

1. Name: _____ Signature: _____ Date: _____

2. Name: _____ Signature: _____ Date: _____

IST Zakat Assistance Application Reviewer's Comments

Application reviewed by: _____ Date: _____

Recommendations: _____

Approved: Yes No If no, reason:

Check Number and Date: _____

Signature: _____ Date: _____

Reviewer, Zakat committee

Signature: _____ Date: _____

Chair/Voice Chair, Zakat committee