

ISLAMIC ASSOCIATION OF THE COLONY

5201 South Colony Blvd., Suite 535, The Colony, TX 75056

501(C) (3) Tax Exempt ID: 61-1662659

FINANCIAL ASSISTANCE APPLICATION FORM

* REQUIRED INFORMATION

* STATUS: Married _____ Single _____ Divorced _____ Widowed _____

* Name:

*First: _____ * Last Name: _____

*Spouse First: _____ * Last Name: _____

* Applicant/Spouse Other Names: _____

* Current Address: _____ *How long: _____

* City: _____ * State: _____ * Zip: _____

*Last Address: _____ *How Long: _____

* City: _____ * State: _____ * Zip: _____

*Home Ph: _____ * Cell: _____ *Email: _____

*HOW MANY PEOPLE IN HOUSEHOLD: _____

Names: _____

*SOCIAL SECURITY /IMMIGRATION/PASSPORT NUMBER (required for Audit purposes)

* Applicant: _____ (Check one) SS ___ IM ___ P ___

* Spouse: _____ (Check one) SS ___ IM ___ P ___

*Have you or any member of your family received IATC financial assistance before? *Yes _____ *No _____

If Yes - When _____ *Amount \$ _____

*REASON FOR FINANCIAL ASSISTANCE REQUEST ___Food ___Rent ___Medical ___Utility ___Other

AUTHORIZATION

I hereby authorize IATC or its agents, access to any records deemed necessary in order to verify information given on this application for confirmation of such information. I authorize the IATC to give information to DSHS or any other community service organization on my behalf for receipt of medical, rent or energy assistance. I agree to repay any assistance that I may receive to which I am not entitled as result of my withholding or knowingly providing fraudulent information, I understand even if I repay assistance I wrongfully received I may be prosecuted, found guilty of fraud, fined up to \$10,000, put in prison or all of the above.

I understand no persons will be denied assistance based on race, color, sex, age, handicap, religion, national origin, or political belief. I further understand if my application is unjustly denied I may request an appeal hearing with the IATC Board within 30 days of being denied.

*SIGNATURE(S)

*Applicant: _____ Date: _____

*Spouse: _____ Date: _____

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED

(Applicant will be contacted within 3 days, inshaallah)

Submit completed application to IATC Treasurer

Check below if any applicable

___ Disability ___ Public Assistance ___ Child Support ___ Alimony ___ Social Security ___ Pension/ Retirement ___ Other (identify)

For IATC Use Only

Approved by:

Date:

Amount Approved:

Approved by:

Date:

PLEASE KEEP FOR YOUR INFORMATION

Verification of income is required and must be submitted with the application. Forms of acceptable verification are:

- **Prior years Federal Tax Return or W4 Statement 1040**
- **Current bank statement for last two month**
- **Current print out from State unemployment**
- **Current Pay Stub or income proof from any of the legitimate sources**

SADAQA/ZAKAT APPLICATION GUIDELINES:

Applicants must complete and submit an official Islamic Association of The Colony (IATC) **Financial Assistance Application form**. Applications must be submitted with all supporting documents as requested. For timely consideration please submit applications as soon as possible. Applicants shall be notified of their application status, within 3 days, inshaallah.

EMERGENCY SITUATIONS:

Shall be considered **only** when a detailed explanation and supporting documents are provided regarding the emergency need. Applicants shall be notified as soon as possible, but no later than 3 days, inshaallah.

APPROVAL PROCESS:

Approval for funds shall be determined on the following:

1. Applicants must provide written documentation for all resources and income received, or not received, over the last three months from employment, private, government, state, city or other agency.
2. Pledges or offers of assistance to applicant from other agencies
3. Applicant and family members are Texas State Residents and have documents available, if requested, to demonstrate legal US and /or current address status (may be waived if IATC determines special circumstances exist)
4. Applicants who have never received Zakat/Sadaqa shall have priority to funds over applicants who have received Zakat/Sadaqa, to assist the needs of others and ensure funds are distributed, in a “just” manner
5. All decisions for Zakat/Sadaqa are the sole responsibility of the IATC Board.

NOTE: Applications will be verified for confirmation of all documents and statements provided. The IATC reserves the right if deemed necessary, to inquire with other Masjids in the DFWarea regarding applications, as well as may contact private, government, state or city agencies, organizations, etc for confirmation.

APPLICATION REVIEW

Applications shall be reviewed timely. Applicants will be provided information for additional support and assistance services; i.e., state, city, government, private organizations. Applications must be completed and contain the following information before review:

- Verification of applicant’s residence and contact information.
- Verification of all supporting documents as requested.
- Verification of Social Security numbers; etc, **US law requires any non profit organization providing financial assistance for charity or other reasons to document social security, tax ID or other legal document numbers when providing such assistance for audit purposes.** Social Security, Tax ID and legal document numbers are confidential and are not shared, provided or given to others except law enforcement, if required, without applicant consent. All applications, documents and information received are maintained in a locked file maintained by the IATC Administrator.
- The IATC Board will contact applicants, inshaallah within 3 days, to advise approval or denial of application

RECEIVING FUNDS:

- Applicants will be contacted as soon as funds available for pick - up
- Checks for Zakat /Sadaqa funds will be written to Providers of services indicated on application; i.e. Taxi, doctor, landlord, grocery, pharmacy, utility, local, state or federal agency, etc.
- Request for cash or check payable to applicant will not be considered

POLICY:

1. No person will be denied assistance based on race, color, sex, age, handicap, religion, national origin, or political belief.
2. Applicant’s knowingly providing false information, or withholding information for unlawful gain may be referred to law enforcement, found guilty of fraud, fined or imprisoned. The IATC may request repayment of all funds distributed which shall be due immediately upon discovery of any intentional fraudulent information.
3. Applicants denied Zakat/Sadaqa funds have thirty (30) days to request review of the denial.
4. No one is authorized to make commitment of any financial assistance without the application review process.