



Case# \_\_\_\_\_

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_

**INCOME INFORMATION**

Monthly Rent	Rent: \$	Own:
Monthly Income from employment:	\$	
Governmental Assistance:	\$	
Other forms of Assistance:	\$	
Employer Name:		
Employer Address:		
Years of Employment:		
Current position:		

**FAMILY INFORMATION**

Married/Single:
Number of dependents:
Ages:
<b>Spouse Information</b>
Name:
Employer:
Yearly Income:

**AMOUNT & REASONS FOR REQUESTING AID (USE THE BACK IF NEEDED)**


**REFERENCES NAME & TEL NO (Provide at-least 2 References)**

1. _____	Tel No: _____
2. _____	Tel No: _____
3. _____	Tel No: _____

**Have you ever received any financial assistance from MCNJ or any other Masjids or Centers before: YES/NO**

Amount Received:	\$	Date:
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Are you eligible for Zakah?     Yes     No



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**AFFIDAVIT STATEMENT**

I..... hereby certify that I know the content of this affidavit signed by me and that the statements are true and correct to the best of my knowledge.

Signature:

Date:

**Please provide additional documents requested at the back of this form.**

**ADDITIONAL DOCUMENTS REQUIRED TO GET FINANCIAL ASSISTANCE:**

1. ID. (Driver License, Green Card, State ID etc)
2. Proof of residency (lease, rent receipt, utility bill).
3. Proof of income (pay stub, or letter from employer stating the nature of work and the salary). And or W2's
4. Notice of eviction or vacating of premises cancellation or evacuation if any.

----- **FOR OFFICIAL USE ONLY** -----

Disapproved	Approved	Amount \$	Date
Signature			
Signature			
Signature			
If disapproved, please document the reasons for such and indicate this on the form.			