

ISLAMIC CENTER OF BOISE

3077 Christine St., Boise, Idaho 83704, (208) 429-1866

Financial Assistance Form

* REQUIRED INFORMATION

*First Name: _____ * Last Name: _____

(Write your full name exactly as it appears on your identity document)

*Status: Married _____ Single _____ Divorced _____ Widowed _____

If married *Spouse First Name: _____ * Spouse Last Name: _____

* Current Address: _____

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

* Home Phone: _____ * Cell Phone: _____ * How many people in household: _____

* Applicant Photo I.D. _____ Driver's License/State issued I.D / Passport (required for Audit)

* Job status: Employed (full time) _____ Employed (Part- time) _____ Unemployed _____ Never Employed _____

*Monthly Salary / Wages: _____ * Total Monthly Household Income: _____

* Do you receive food stamps? Yes / No * If yes, \$ _____

*REASON FOR FINANCIAL ASSISTANCE _____Food _____Rent _____Medical _____Utility _____Other

Check √ below if any applicable

_____ Disability _____Public Assistance _____Child Support _____Alimony _____Social Security _____Pension/ Retirement _____Other (identify)

*Do you have a County caseworker? Yes / No *If yes: Please provide name and contact number _____

*Do you need help in translation? Yes / No *If yes: state your language _____

Have you previously applied for assistance from any other organization? Yes / No

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

If Yes - When _____*Amount \$ _____

*What is the Amount being Requested \$ _____ *Category Zakat _____

If requesting a loan, then repayment plan \$ _____/ month Loan Due Date: _____

* Please clearly explain your situation in as much detail as possible* (Attach additional sheet if needed)

AUTHORIZATION

- I hereby authorize ICB 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 ICB to give information to Housing and Welfare agency 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 to as result of my withholding or knowingly providing fraudulent information. I understand even if I repay assistance, I wrongfully received I may be prosecuted.
- I further understand if my application is denied I may request a hearing with the ICB Executive Committee within 30 days of being denied.

*SIGNATURE: _____ * Date: _____

We want to help! Please Complete the Application Correctly. Applicant will be contacted within a week

For ICB Official use:

Approved by:

Date:

Amount Paid:

Approved by:

Date:

In the Name of Allah, The Most Gracious, The Most Merciful

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ICB uses the following Guidelines on an individual basis

POLICY:

- No person will be denied assistance based on race, color, sex, age, handicap, religion, national origin, or political belief
- **The application will be automatically denied if any information given turns out to be false or untrue**
- In case of denial, Applicants have a right to request a review within thirty (30) days

LOAN APPLICATION GUIDELINES:

- Applicants must complete and submit the official ICB Financial Assistance form along with all supporting documents as requested
- Applicants shall be notified of their application status within a week

EMERGENT SITUATIONS:

- Shall be considered only when a detailed explanation and supporting documents are provided regarding the emergent need

APPLICATION REVIEW:

Applications must be completed and must 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 nonprofit 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 excepting law enforcement, if required, without applicant consent

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

APPROVAL PROCESS:

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

- Current Pay stub for the last two months or proof of income
- Current print out from State unemployment if unemployed
- Current Bank statement for the last two months
- Copy of Photo ID/ Driver License/ Passport

Approval for funds shall be determined on the following:

- 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
- Pledges or offers of assistance to applicant from other agencies
- Applicant and family members are Idaho State residents and have documents available, if requested, to demonstrate legal US and /or current address status (may be waived if ICB determines special circumstances exist)
- Applicants who have never received a loan shall have priority to funds over applicants who have received loans in the past, to assist the needs of others and ensure funds are distributed, in a "just" manner
- All decisions for loans are the sole responsibility of the ICB executive committee
- The Executive Committee will contact applicants, within a week to advise approval or denial of application

RECEIVING FUNDS:

- Applicants will be contacted as soon as funds available
- Checks for loan funds will be written to Providers of services indicated on application; i.e. Taxi, doctor, landlord, grocery, Pharmacy, utility, etc
- **Request for cash or check payable to applicant will not be considered**