

Evergreen Islamic Center



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 San Jose, CA 95148
 Email: zakat@eicsanjose.org
 Tel: (408)239-6668
 Tax ID - 46 - 2228030

Financial Support Application Form

Checks will be mailed, so please ensure that your name and address are clearly printed and correct.

Disclaimer : Evergreen Islamic Center has sole discretion to accept or deny the application based on several criterias and funds availability

APPLICANT'S INFORMATION				
First Name:		Last Name:		
Date of Birth:		Gender:		
Driver's license/ID:		Country of Origin:		
Phone:		Email:		
Level of Education:		Languages:		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	<input type="checkbox"/> Single
Spouse's Name			Spouse's Age	
Legal Status:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> US Green Card	<input type="checkbox"/> I-94	<input type="checkbox"/> Other Visa Types
Specify Visa Type	Not Applicable	Not Applicable		
Do You Own a Car?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Place of Residence:	<input type="checkbox"/> Own Home	<input type="checkbox"/> Apartment/Home		<input type="checkbox"/> Shelter
	<input type="checkbox"/> Room Rental (in home)		Other:	
Current address:				
City:		State:	Zip Code:	
Rental Details:				
Landlord Name:				
Sharing the rent with others:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I hereby verify that I am eligible for the Zakat support

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DEPENDENCIES INFORMATION

	First Name	Last Name	Date of Birth	Gender	Relationship to Applicant
No 1					
No 2					
No 3					
No 4					
No 5					

FINANCIAL SUPPORT REQUEST

Why are you applying for financial Support?

How much financial support is needed and how often?

How long financial support is needed?

APPLICANT FINANCIAL INCOME

Type of Income/Aid	Own	Spouse	Total
Monthly Salary or Income from work	\$	\$	\$
Social/Supplement Security Income	\$	\$	\$
Food Stamp/Link Card	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Cash Aid	\$	\$	\$
Unemployment	\$	\$	\$
Assistance from other foundations (e.g. Rahima)	\$	\$	\$
Assistance from other Masajids	\$	\$	\$
Aid from other organization(s)	\$	\$	\$
Gold / Jewellery (Gms)	\$	\$	\$
Silver/Jewelery (Gms)	\$	\$	\$
Other (specify)	\$	\$	\$
Total			\$

APPLICANT EXPENSES

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Type of Expenses	
Rent	\$
Food	\$
Transportation	\$
Utilities	\$
Other (specify)	\$
Total	\$

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please attach the following documents required along with the application

1. Document to prove Legal Residency Status in USA
 - a. Copy of the US Passport
 - i. **OR**
 - b. Green Card
 - i. **OR**
 - c. Visa Copy
2. Copy of Driver License
3. Copy of Social Security Number Card
4. Copy of your Rental Agreement
5. Copies of Last 2 Bank Account statements
6. If Employed, last 2 Paystubs for yourself and spouse
7. Provide documents to show your critical Financial Need. See below for examples
 - a. Letter from landlord that you are behind on rent payment
 - i. OR
 - b. Last 2 Credit card statement that you have unpaid credit card balances
 - i. OR
 - c. Utilities bills/statement that you have unpaid utilities bills
 - i. OR
 - d. Any other document to show your urgent financial need