

In the name of God the most merciful the most gracious



5001 Wilcox Road
Dublin, OH 43016
Tel: (614) 527-7777

Last 4 digits of SS#: _____
Best Time to Call: _____

Financial Help Form (Zakat)

NOTICE OF CONFIDENTIALITY: This Zakat form includes highly personal and confidential information intended only for restricted, internal use by the authorized personnel exclusively for evaluation of Zakat request.

Unauthorized use, copying, distribution or dissemination is strictly prohibited.

Name: _____ Martial Status: _____
Spouse Name: _____ Tel: _____
Address: _____
City & Zip Code: _____
Children: _____

Aid History

- Shelter/Housing
- Social Security Benefit of SSI
- Subsidized, Public Housing
- Other: _____
- Child Support WIC
- Alimony
- Food Stamps

Reason/s for Applying

Are you currently employed? Yes No
Have you or any family member ever applied for assistant at NICC? Yes No
If Yes, when? ____ / ____ / ____

Country of Origin: _____

I understand that the application information provided on this form is true and accurate to the best of my knowledge and I hereby give my consent to use this information for Zakat eligibility.

Signature

Date

Amount Received: \$ _____ Date Received: _____
Recipient's Name: _____ Recipient's Signature: _____

Amount Received Previously: \$ _____
\$ _____
\$ _____

Income

Expenses

Decision: Approved Denied Gift Card

Approval made by: _____ Date: _____

Amount Approved: _____

Does the recipient have a relation, if any, to members, officers, or board of NICC or major contributor to the NICC? Yes No

If Yes:

What is the name? _____

What is the relation? _____

Rental Agreement

Bills:

AEP

GAS

Time Warner

Telephone