

**FINANCIAL FORM**

**Financial Assistance Request Form**

Phone: 206-363-3013

1420 NE Northgate Way; Seattle, WA 98125

Fax: 206-361-9493

**\* REQUIRED INFORMATION**

\* STATUS: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**\* Applicant:**

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

**\* Contact:**

\* Phone Number: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

**\* Address:**

\* Current Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\*HOW MANY PEOPLE IN HOUSEHOLD: \_\_\_\_\_

\*Have you or any member of your family received Idriss Mosque financial assistance before? \*Yes \_\_\_\_\_ \*No \_\_\_\_\_

If Yes - When \_\_\_\_\_ \*Amount \$ \_\_\_\_\_

\*REASON FOR FINANCIAL ASSISTANCE REQUEST \_\_\_Food \_\_\_Rent \_\_\_Medical \_\_\_Utility \_\_\_Other

Explain your financial need below (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION**

I hereby authorize ICW 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 ICW 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 ICW Executive Committee within 30 days of being denied.

**\*SIGNATURE(S)**

\*Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**

(Applicant will be contacted within 3 days, inshaallah)

Submit completed application to ICW Treasurer

Check  below if any applicable

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

For ICW Use Only

Approved by: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_

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 Check Stub or income proof for any of the following:**

### ZAKAT APPLICATION GUIDELINES:

Applicants must complete and submit an official Islamic Center of Washington /ICW **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.

### EMERGENT SITUATIONS:

Shall be considered **only** when a detailed explanation and supporting documents are provided regarding the emergent 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. All Muslims have a right to Zakat.
2. Zakat for all others if eligible will be provided based on funds availability
3. 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.
4. Pledges or offers of assistance to applicant from other agencies
5. Applicant and family members are Washington State residents and have documents available, if requested, to demonstrate legal US and /or current address status (may be waived if ICW determines special circumstances exist )
6. Applicants who have never received Zakat shall have priority to funds over applicants who have received Zakat, to assist the needs of others and ensure funds are distributed, in a "just" manner
7. All decisions for Zakat are the sole responsibility of the ICW Zakat committee

**NOTE:** Applications will be verified for confirmation of all documents and statements provided. The ICW reserves the right if deemed necessary, to inquire with other Masjids in the Puget Sound area 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 excepting law enforcement, if required, without applicant consent. All applications, documents and information received are maintained in a locked file maintained by the Zakat Administrator.**
- The Zakat committee 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 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

### 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 ICW may request repayment of all funds distributed which shall be due immediately upon discovery of any intentional fraudulent information.
3. Applicants denied Zakat funds have thirty (30) days to request review of the denial.