

For Office Use Only

Approved: \$ _____

Referred _____

Denied _____

Chairperson's Signature: _____ Executive Director: _____

Al Salam / MACO

Social Services Department

Application for Assistance

FOR N. VA. APPLICANTS ONLY

5697 Columbia Pike Suite 200, Falls Church, VA 22041 Tel: (703) 347-7222

www.macous.org Email: info@macous.org

- Copy of photo ID (all adults living in household)
- Copy of Social Security cards for everyone in the household
- Supporting documents (such as: current lease, 2 most recent bank statements, and recent tax return)
- Last two pay stubs
 - If unemployed, please provide unemployment stubs.
 - If you receive public assistance of any kind such as TANF, SSI, Section 8, etc. Please provide relevant letter.

Section I: Assistance Needed (Please check)

Rent: _____ Food: _____ Medical: _____ Referrals: _____ Funeral Assistance: _____

Section II: Personal Information

Applicant's Name: _____ Last 4 of Social Security# _____
First Name Last Name M.I.

Address: _____
Street City State Zip Code

Phones: (CELL) _____ (HOME): _____ (EMAIL): _____

Date of Birth: _____ Gender: Male Female Citizenship/Visa Status: _____

Are you currently employed? Yes No If yes, where? _____ Monthly \$ _____

*Which masjid do you attend? _____

Have you received any assistance from MACO before? Yes No

If yes, When? _____ How much? _____

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

If yes, when? _____ How much? _____ Name of Organization: _____

Marital Status: Single Married Divorced Separated Widowed

If unemployed, are you actively seeking paid work? _____ Which field? _____

Section III: Spouse's Name: _____ Last 4 of Social Security# _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse's date of birth: _____ Spouse's Legal Status: _____

Is your spouse employed now? Yes, No If yes, where? _____ Spouse's monthly income _____

Section IV: OTHER PERSONS IN HOUSEHOLD

Name	Relationship	Social Security #	DOB	Age

Do you have a County caseworker? Yes No If yes, name: _____

Agency: _____ Phone Number: _____

Section V: FINANCIAL NEED Please explain your situation. Print clearly. Amount Needed \$ _____

Section VI: APPLICANT'S FINANCIAL INFORMATION

MONTHLY GROSS INCOME		MONTHLY EXPENSES		ASSETS	
Source	Amount	Item	Amount	Item	Amount
Work (household total)		Rent/Mortgage		Checking	
SSI		Utilities		Savings	
TANF				Credit Cards	
Food Stamps		Phone / Cell phone		Real Estate	
Section 8		Transportation		Spouse Income	
Child Support		Medical		Other Mosques	
Charity Org		Car Note/Insurance		Investments	
Total Monthly Income:		Total Monthly Expenses:		Total Value of Assets:	

1. I understand that MACO may refer my case to county agencies and centers first.
2. I understand that it may take minimum 10 days and maximum two weeks to process the application.
3. We encourage you to give back to the community by volunteering some of your time at your convenience.
4. Regardless of whether the application is approved, I agree that MACO will keep copies of my documentation pertaining to my file.
5. I understand that I may be subject to a home visit by social worker.
6. MACO has the right to deny any case without any explanation.
7. The social workers will collect the application information and documents to assess your current situation. They may verify the information by calling your references or other caseworkers.
8. I acknowledge that the information I provided is correct.
9. MACO has your permission to anonymously describe the circumstances of your case to secure funding.
10. By signing this form, MACO social services has the right to discuss your case and/or relevant information with references, your caseworker, or any other institution.

I, _____ testify that this information is correct.

Section VII: References – Applicant must provide two references and phone numbers.

Name	Phone Number
Name	Phone Number

APPLICANT'S SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____