

Monthly Expenses:

Rent: \$_____ or Mortgage: \$_____ Utilities / Water: \$_____ Transportation: \$_____

Car Payment/Insurance: _____ Health Insurance/ Medical Expenses: \$ _____

Other: _____

Financial Need: (All fields are required)

Assistance Amount Being Requested: _____

Please explain the reasons for requesting assistance/zakah. You may attach an additional page if needed.

References:

List at list two persons who can verify your condition (Must **NOT** be a family member or member of household)

1. _____
 Name Phone Relationship to you
2. _____
 Name Phone Relationship to you

Notice of Discloser / Read & Sign below

I, _____ acknowledge that the information above is correct to the best of my knowledge. I attest to not having any savings, retirement plans, stocks, bonds or other assets. I understand that I will be held accountable for the truthfulness of these statements on the Day of Judgment. I testify that I am not involved in any illegal or un-Islamic activity to any organization, individual, or community.

I give permission to MACO to contact my references and any masjid or service organization in order to verify and /or supplement the information I have provided above. I also grant permission to MACO to disclose my information to any masjid or service organization that I may apply to in the future, at their discretion, for the purposes of assisting in determining eligibility for aid.

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Received ____/2022 New: _____ Decision: () Approved Denied () Amount Approved: _____

Date of Approval: ____/2020 Initials: _____