



# ISLAMIC SOCIETY OF NIAGARA FRONTIER

P.O. Box 0005, Getzville, NY-14068 Phone: (716) 568-1013 [www.ISNF.org](http://www.ISNF.org)

## SOCIAL SERVICES APPLICATION FORM

### Part I: Personal Information

**Applicant Name:** \_\_\_\_\_ **Gender:** (Male or Female) \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Legal Status in USA:** US Citizen: \_\_\_\_\_ Green Card Holder: \_\_\_\_\_ Temporary VISA \_\_\_\_\_ Type: \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Occupation/Job:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Home Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Part II: Application Details

<b>A- Do you or any family member in your household:</b>	<b>(Amount/ month)</b>
1- Currently working:	Yes: ___ No: ___ <b>Total Income:</b> ___/___
2- Receive government support:	Yes: ___ No: ___ <b>Total Assistance:</b> ___/___
3- Own property (other than your primary residence):	Yes: ___ No: ___
4- Have more than \$3000 in cash or cashable items:	Yes: ___ No: ___

**B- Please choose what best describes your need:**

1-Financial: \_\_\_\_\_ 2-Funeral Services: \_\_\_\_\_ 3-Counseling: \_\_\_\_\_ 4-Other: \_\_\_\_\_

**C: Brief Description of Need:** \_\_\_\_\_

**D: Optional: Provide a reference (a member from the community):** \_\_\_\_\_

**Important: Please attach a copy of a valid ID (passport, driver license or other proper document)**

*I hereby certify that the information provided above is correct as presented.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Privacy disclaimer: Your personal information will be kept confidential and will not be shared with any third party.

**Office use only:** (ISNF Zakah committee will respond to application within 2 weeks)

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reference contacted: Yes: \_\_\_\_\_, No: \_\_\_\_\_ NA: \_\_\_\_\_

Remarks: \_\_\_\_\_

Decision: Eligible \_\_\_\_\_ Not Eligible: \_\_\_\_\_ Amount: \_\_\_\_\_

Charitable Fund used: \_\_\_\_\_