

Darul Arqum Islamic Center

1212 Iowa Ave, Ames, IA 50010

Phone (515) 292-3683

www.arqum.org

Financial Assistance Application

General Information:

(Please use the back of the paper if you need additional space to complete the application.)

Applicant Name: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status

Married Single Divorced Widowed

List member of your family living with you:

Name _____ Relationship _____

Reason You Need Assistance:

Darul Arqum Islamic Center – Financial Assistance Application

Monthly Income & Expense:

Kindly list your current sources of income. Include all grants and assistance you may be getting from local, state, or federal government. Also include any assistance from another other agency or non-profit organization.

Sources of Income	Monthly Amount
Total Monthly Income	

Expenses	Monthly Amount
Total Monthly Expense	

Amount of assistance you need: \$ _____

How often you need assistance: One Time Monthly – How many months: _____

Application Signature: _____ Date: _____

Printed Name: _____

Darul Arqum Islamic Center – Financial Assistance Application

For Executive Board Use Only (please do not write in this section.)

Executive Board Determinations:

DAIC Contact Person: _____ Phone: _____

Date Board Reviewed: _____ Proposed Response Date: _____

Current Application:

Approved Denied Fully Assisted Partially Assisted

Source of financial assistance: Individual Community Masjid Sadaqa Zaka

Length(s) of approval: _____

Reason(s) for decline: _____

Check Number: _____

Notes:

Prior Assistance:

Date of Assistance: _____ Amount(s): _____

Frequency of assistance: _____

Date of Assistance: _____ Amount(s): _____

Frequency of assistance: _____

Date of Assistance: _____ Amount(s): _____

Frequency of assistance: _____

If prior request for assistance denied, what were the reason(s):
