

6401 Independence Parkway, Plano, Texas 75023

Telephone: (972) 491 5800

FINANCIAL AID APPLICATION

IACC Community Assistance Program

Application must be filled out completely to be processed.

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

Applicant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: { } M { } F

Current Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_
Alternate Ph Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Driver License or State Issued ID Number : \_\_\_\_\_ State Issued \_\_\_\_\_

Spouse Name : First \_\_\_\_\_ Last: \_\_\_\_\_

{ } Married { } Divorced Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_
{ } Single { } Widowed

A copy of the driving license or a valid picture ID needs to be attached to the application.

Employment:

Currently Employed: Yes { } No { } If No: How long has been out of employment: \_\_\_\_\_

Current or Former Employer: \_\_\_\_\_ Monthly income \_\_\_\_\_

Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

IACC may contact your current or former employer.

References:

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Have known since: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Have known since: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Reason for Financial aid request:

( please check all that apply )

{ } Utilities bill (Electric/Gas/Water) : ( Please provide company name, address and account number. Attach copy of bill )

{ } Rent : ( Please provide below Landlord name, address and Apt# and amount due . Attach any notices )

{ } Food: (Other than monetary assistance, if you also need help with food or other items, please describe your needs below )

{ } Other: (Please describe what your specific needs are if it is not Utilities, Rent or Food)

# Islamic Association of Collin County

**6401 Independence Parkway, Plano, Texas 75023**

Telephone: (972) 491 5800

Have you applied for financial assistances at any other organization:                    {                    } Yes                    {                    } No

If Yes, Name of the organization: \_\_\_\_\_ When: \_\_\_\_\_

**Additional Information (Please attach separate sheet if necessary)**

Please use the space below to provide additional information that might help us to evaluate and to understand your financial needs.

---

---

---

---

---

---

---

---

*I authorize IACC to contact other organization (s) or the reference listed on this application to verify the information provided and to obtain additional information.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Application will not be processed unless signed by the Applicant.*

Please list all assets that you own. If not applicable – indicate not applicable. *(Required for Zakat Funds Disbursement)*

Asset Class	In U.S.	Abroad
Gold & Silver (Without Jewelry)	\$	\$
Cash on Hand	\$	\$
Bank Account(s) (Checking and Savings Combined)	\$	\$
Securities (Stocks, bonds, etc.)	\$	\$
Mutual Funds	\$	\$
Retirement Accounts (401k, IRA, etc.)	\$	\$
Real Estate (Excluding personal residence)	\$	\$
Business Inventory	\$	\$
Automobiles (Other than for personal use)	\$	\$
Livestock	\$	\$
Other	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

Application Processed By: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Check Payable to: \_\_\_\_\_

Additional Notes for the IACC Treasurer: \_\_\_\_\_  
 \_\_\_\_\_

CAP -Committee Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_