



Application for Assistance

Tel: 949-204-0149

Note: Answer all questions. Do not leave anything blank. If not applicable, write N/A. Incomplete applications will not be considered.

Date (mm/dd/yyyy): _____

Please submit the following documents with this form:

1. Driver's License
2. Copy of spouse's driver's license
3. Last year's tax return
4. Copy of your two (2) most recent bank statements
5. Copy of your last two (2) pay stubs
6. Copy of any award letter you might have received (cash or food stamps), if applicable
7. Copy of your lease agreement
8. Copy of your Resume/CV (if you filled in section E. at the bottom)
9. Any other statement(s) that will help your case

A. Personal Information

Applicant's Name: _____

Social Security # _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Address: _____

City _____ Zip Code _____

Occupation (current): _____

Name of Employer (current): _____

Employer's Address: _____

Employer's Phone Number (current): _____

Spouse's Name: _____

Social Security # _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation (current): _____

Name of Employer (current): _____

Employer's Address: _____

Employer's Phone Number (current): _____

Please list all of your children/dependents below.

	Name	Gender	Age	Grade	Name of School
1					
2					
3					
4					
5					
6					

B. Monthly Income		
Your income: \$	Spouse's income: \$	
Do you receive Unemployment? Yes No	If so, how much? \$	How long have you received it?
Social Security Pensions: \$	Food stamps: \$	
Assistance from other organization(s): \$		
Other sources of income: \$		
Current checking account balance: \$		
Current savings account balance: \$		
Other Assets (list items and value)		
Item 1: _____	Value: \$ _____	
Item 2: _____	Value: \$ _____	
Item 3: _____	Value: \$ _____	
Item 4: _____	Value: \$ _____	

C. Monthly Expenses	
Rent: \$	Utilities (e.g. lights, water, etc.) (Average): \$
Food (Average) \$	Medical (Average): \$

D. Nature of help requested

Provide a brief explanation of the financial support you are requesting:

List financial support you are receiving from other people or other organization(s):

E. Skills Assessment

Are you looking for a job? Yes No

If yes, then please list all the skills that you have. (And make sure to attach your resume/cv to this)

Also, please list any credentials/education that you feel is relevant for your field of work.

I hereby certify and verify that all of the foregoing information given is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Zakat Collective

Authorization for Release of Information

Zakat Collective is a local group of non-profit organizations that assists clients with various services leading toward the end goal of self sufficiency. The purpose of the Authorization for Release of Information is for the Zakat Collective to better coordinate services. The form must be completed with an organization staff member during a face-to-face meeting. This form is part of the assessment and intake process and should accompany a **photo ID with date of birth**. This form shall be valid in original, copy, fax or email.

Client Information:

I, _____, authorize the exchange of information between the organization named below and the Zakat Collective organizations. I release all parties involved from liability and responsibility for information related to my case.

(Printed Name of Client)

(Phone Number)

(Complete Address – street number, name, city, state, zip code)

Type of ID and Number (e.g. driver's license, passport, state ID, green card, etc.) – Attach copy

(Signature)

To be completed by Zakat Collective:

(Name of Organization)

(Phone Number)

(Authorized Staff Name)

(Email or Fax Number)

(Date)