

ISLAMIC SOCIETY OF GREATER HARRISBURG

SOCIAL SERVICES APPLICATION FORM

Part I Personal Information:

Applicant Name: _____ Gender: Male Female

Date of Birth: _____ Driving License Number: _____

Legal Status in USA (Circle One): US Citizen Green Card Temporary Visa/ Visa Type: _____

Marital Status (Circle One): Married Single Divorced

Number of Children living with you: _____ Number of Dependents: _____

Occupation/Job: _____

Spouse Name: _____

Home Address: _____

Telephone: _____ Email: _____

Part II Applicant Details:

A – Do you or any of your household family member:

1. Currently Working (Circle One): Yes No Total monthly Income: \$ _____
2. Received government support (Circle One): Yes No Total monthly Support: \$ _____
3. Own Property (Other than your primary resident: Yes No
4. Have more than \$5000 in cash or jewelry: Yes No

B – Please choose what best describe your need:

Financial Funeral Services Counseling Other: _____

C – Amount Requested: \$ _____

D – Brief Description of Need: _____

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Important:

- Please attach a copy of valid ID (Passport, Driver license or other proper picture ID).
- Incomplete form will not be accepted.
- Privacy disclaimer: Your personal information will be kept confidential and will not be shared with any third party.
- ISGH Council or ISGH Zakat committee will respond to the application within 2 weeks.

Part III Reference:

Please note that references should not be immediate relatives or people who live with you, Not ZAKAH recipients. Please list at least one person with whom you are familiar and who can verify the information you provided.

Name: _____ Phone: _____ Relationship _____

Address: _____

Name: _____ Phone: _____ Relationship _____

Address: _____

Part IV Statement:

I hereby declare that there is no deity but Allah (S.W.T) and Muhammad (S.A.W.S) is Allah's last and final messenger. I testify in front of Allah (S.W.T) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for ZAKAH/SADAQAH.

Signature: _____ Date: _____

Office use only:

Application reviewed by: _____ Date: _____

Reference contacted (Circle One): Yes No NA

Previous Application(s): _____ Charitable Fund used: _____

Remarks: _____

Decision: Not Eligible Eligible Amount: \$ _____

Check # _____ Date Paid: _____