

FOR OFFICE USE ONLY:

Approved for Zakatulmal: \$ _____ Approved for Charity \$ _____ Approved for Loan\$ _____
 Denied

Signature of Authorized Person: _____

DAR AL-HIJRAH
SOCIAL SERVICES DEPARTMENT

3159 Row Street
Falls Church, VA 22044
Tel: (703)- 531-2912
Fax: (703) 536- 1035
daralhijrahss@yahoo.com

Application for Assistance:
FOR NORTHERN VA APPLICANTS ONLY
COMPLETELY FILL OUT THE APPLICATION

Section I: Assistance Needed (Please check)

Rent:___ Medical:___ Food Bank:___ Counseling:___ Referrals:___
Legal:_____ Other:_____

Section II: Personal Information

Name: _____ Male/Female: _____
Last name First name Middle Name

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City State Zip code

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Job Title: _____ Job Location: _____

What Masjid/Mosque do you attend?: _____

Section III: Spousal Information

Spouse's Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Job Title: _____ Job Location: _____

Section IV: Other Members of the Household

Name	Relationship	Date of Birth	Male/Female	Social Security #
1.				
2.				
3.				
4.				
5.				
6.				

Section V: Income and Expenses

Monthly Gross Income		Monthly Expenses		Assets	
Source	Amount	Item	Amount	Item	Amount
Work	\$	Rent/Mortgage (Please circle)	\$	Checking	\$
SSI		Utilities		Savings	
Child Support		Phone		IRA	
Govt. Support		Car Note + Ins		Pension Fund	
Spouse's		Food		Stocks/Bonds	
Donations from friend's		Transportation		Property Equity	
Other		Medical		Jewelry	
		Credit Cards		Other	
		Other			
Total:		Total:		Total:	

Section VI: Financial Needs and History

1. If financial assistance is needed list amount: \$ _____
2. Describe exact reasons for requesting assistance (**DO NOT LEAVE BLANK**):

3. Have you received financial assistance from Dar Al- Hijrah before?: _____
 - a. If yes, how much did Dar Al- Hijrah give you? \$ _____
 - b. When did you receive this assistance? _____
4. Have you received financial support from another source? _____
5. If so list the services and where you got them from (For example: food stamps or TANF from Fairfax County.): _____
6. Do you have another case worker?: _____
7. If yes, write name: _____
Agency: _____ Phone Number: _____
8. Does Dar Al- Hijrah social services have permission to discuss your case and relevant information with your caseworker or any other masjid? (Please write yes or no) _____
9. If yes please sign your name here: _____

Section VII: References

1. _____
Name Phone Number
2. _____
Name Phone Number

Please read the following carefully before signing

I accept and testify to the following:

1. Dar Al- Hijrah has permission to verify verbal and written information & document information relevant to this application.
2. Dar Al- Hijrah has the right to deny any case without any explanation.
3. I may be required to present proof of all statements upon requests.
4. Due to Islamic regulations or my circumstances the requested assistance may not be available.
5. I acknowledge that I stand before Allah in truth and that Allah is my witness.
6. If I knowingly give false information on this application I may be disqualified for requested assistance.
7. I understand that Dar Al- Hijrah may refer my case to county agencies and centers first.
8. Assistance provided may be in the form of financial assistance, food coupons, clothing, counseling, and/or referrals to government funded programs upon the circumstances.
9. I understand that it may take 10 days or longer to process my application.
10. If my application is approved I will submit at least 20 hours of volunteering at Dar Al- Hijrah.
11. Regardless of whether or not I am approved, I agree that Dar Al- Hijrah will keep copies of my documentation pertaining to my file.
12. I understand that I may be subject to a house/apartment visit so my social workers can better understand my situation.

Signature: _____ Date: _____

**DAR AL-HIJRAH
SOCIAL SERVICES DEPARTMENT**

To Whom It May Concern:

I, _____, testify that I'm not involved in any activities that would be characterized as terrorist activities. I also do not support or have connections with individuals or organizations affiliated with terrorist activities.

Client Address: _____

Client's Phone Number: _____

Client's Signature

Date

Witness's Signature

Date

3159 Row Street
Falls Church, VA 22044
Direct (703)-531-2912, Fax: (703)536-1030
daralhijrahss@yahoo.com

INSTRUCTIONS: Please bring the following documents.

(You may take this paper and bring it with the rest of your documents.)

Absence of these documents may delay or cancel the processing of your application:

1. Photo Identification of you and your spouse.
2. Your social security card and the social security cards for all the members of the household.
3. One month pay stubs for you and your family members most recent job(s).
4. Copy of 3 months Banks statement from the applicant and all household members.
5. Copy of rent receipt if applying for rental assistance.
6. In case of a loan, two well known guarantors have to submit the full amount of money by checks. These checks will be cashed if the borrower defaults on the loan.
7. Any other documents relevant to the case. For example: medical bills, letter of termination from work, etc.

COMMITTEE DECISION

I. Social Worker Recommendations:

Name: _____ Date: _____

II. Chairperson's Recommendations/ Comments:

III. Committee Decision:

APPROVED for **Zakatulmal**: \$ _____

APPROVED for **Charity**: \$ _____

APPROVED on the basis of a **Loan** for \$ _____.

The client will make payments of \$ _____ for the next _____ months starting with the month of _____.

DENIED

Signature of Authorized Person: _____ **Date:** _____
