

**NHIC COMMUNITY ASSISTANCE APPLICATION**

**DATE    /    /**

- 1) Last name: \_\_\_\_\_ First Name: \_\_\_\_\_
- 2) Current HOME ADDRESS: \_\_\_\_\_
- 3) Age: \_\_\_\_\_
- 4) Married                                  Divorced                                  Widow/er                                  Single
- 5) Number of children \_\_\_\_\_
- 6) Age of children    ---    ---    ---    ---    ---    ---    ---    ---    ---
- 7) Time in USA \_\_\_\_\_
- 8) Are you employed?                          Y / N                                  Monthly income \_\_\_\_\_
- 9) State / Federal benefit                          Y / N                                  Monthly benefit \_\_\_\_\_
- 10) IRIS or other NGO benefits                          Y / N                                  Amount \_\_\_\_\_
- 11) Miscellaneous donations                          Y / N                                  Amount \_\_\_\_\_
- 12) Average monthly expenses    Amount \_\_\_\_\_
- 13) Medical or physical disability that interfere with getting a job \_\_\_\_\_
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- 14) Are you a NHIC Member?    circle 1 : YES    NO
- 15) Date submitted Member Registration at NHIC: \_\_\_\_\_
- 16) Copy of valid Government Identification. \_\_\_\_\_
- 17) Have you or any family member received financial assistance from NHIC in the past? \_\_\_\_\_
- 18) Have you or any family member received financial assistance from another masjid or organization in the past? \_\_\_\_\_

**New Haven Islamic Center, Inc.**

**254 Bull Hill Lane, Orange, CT 06477**

**Phone: 203-933-5799**

**Authorization For Release of Records**

I \_\_\_\_\_, hereby authorize , any court, law enforcement agency, city, county, State of CT and DSS benefits, school, college, university (public or private) or other record-holding agency to furnish any and all information requested by the New Haven Islamic Center, Inc. Or another organization acting on behalf of the New Haven Islamic Center, Inc., to the extent permitted by law. These records may include, but are not limited to, employment, professional licensure, certification or certification, criminal history, civil court records, driving records, and/or any other public records.

I agree that a facsimile (fax), photographic or electronic copy of this Authorization shall be as valid as the original.

Social Security Number:

Date of Birth:

Home Address:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_