



Islamic Center of Boulder

(ICB Financial Assistance Application Form)

INSTRUCTIONS:

- Please provide accurate and detailed information to enable a timely and effective application evaluation
- Note that an incomplete form will **not** be considered for evaluation
- Provide **clear** copies of:
 1. Photo ID: For the applicant, spouse and all dependents; Driver's License, State Issued ID or Passport
 2. Social Security Card (for all those that provided photo ID as identification)
 3. Lease agreement; (If renting).
 4. Proof of Income
 5. Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements etc.
- Note that all provided documentation is considered the ICB property, and will not be returned to the applicant
- Due to COVID-19 pandemic ICB is closed until further notice and is not accepting any in-person applications. Applicants are asked to email the application together with supporting documents at: icb-shoura@googlegroups.com. Alternatively download the application, complete it and post it to ICB at **Islamic Center of Boulder, 5495 Baseline Road, Boulder, CO 80303**
- Applicants will be notified of the outcome of their Financial assistance application via email. Checks will be mailed on the address provided
- Applicants can enquire about the status of the application by calling 720-340-1530 and leaving a message. The ICB representative will respond within 3-4 days
- All information provided by the applicants will be held in full confidential
- ICB reserves the right to deny or accept part or all of this application. All decisions are made based on information verification and need, and according to the resources available at ICB. The ICB is not obligated to assist but aims to offer aid as much as possible to those in need. We attempt to help and serve everyone regardless of race, sex, gender, or religion

1. Applicant's Demographic Data:

Name	
Address	
Phone #	

Age: _____ Gender: ____ Driver's License/ID: _____

Masjid or Islamic Center/Organization you frequent: _____

2. Applicant's Circumstances:

Number of dependents living with you: _____ Ages _____ Relation to each _____

Have you applied for ICB Financial Assistance from any other government agency or Islamic Center Yes/No; if yes When?

Place of Residence: Own Home Rental Apartment Room Rental (in house) Shelter Subsidized (low income) Housing Other: _____

If renting, does anyone share the rent with you? Yes/No; If yes How much? \$ _____

Employment Status: Full-Time Part-Time Unemployed Self-Employed Other: _____

Estimate how much you need \$ _____

Why you are applying for ICB Financial Assistance? (Use extra sheet if necessary)

3. Assessment of All Income and Aid History:

Please fill any of the following you have received within the last calendar year:

Type of income/aid	Amount	Last Date Received	Frequency
Salary from Job/work	\$		
Social / Supplement Security income (SSI)	\$		
Food Stamp/Link Card	\$		
Subsidized Housing, Public Housing	\$		
Child Support	\$		
Medical (state)/Medicare (national)	\$		
Alimony	\$		
Unemployment	\$		
Financial Assistance from Local Masjid	\$		
Aid from other organization	\$		
Other (specify)	\$		
Total	\$		

4. Estimate of your monthly Expenses:

Please fill any of the following expenses you may have:

Type of expenses	Value	Frequency
Rent	\$	
Food	\$	
Transportation	\$	
Utilities (Bills)	\$	
Other (specify)	\$	
Total	\$	

Loan/debt you owe: \$_____ - Due Date: _____ To whom you owe?

5. References:

Notice: Please note that references should not be immediate relatives or people who live with you, nor ICB Financial Assistance recipients. Please list at least 2 names of anyone with whom you are familiar and who can confirm or verify the information you provided. Muslim references are preferred, **at least one**, but list all references.

1. Name: _____ Phone: _____ Relationship:

Address: _____ Apt. #: _____ City: _____ State: _____

Zip: _____

2. Name: _____ Phone: _____ Relationship:

_____ Address: _____ Apt. #: _____ City:

_____ State: _____ Zip: _____

6. Statement:

I testify in front of Allah SWT 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 ICB Financial Assistance.

Name: _____ Signature:

Date: ____/____/_____