



**APPLICATION FOR ASSISTANCE**

MAV Office Use Only

Case

No: LI FI YYYY MM DD

**Please read carefully all contents of this application (all four pages including this cover page). Please review section VIII on page 4 before proceeding to completing this application.**

**I. INSTRUCTION: to MAV Social Welfare Services Application for Assistance –**

1. Please fill out the application completely – print eligibly. MAV will not process an application with incomplete information and/or ineligible print.
2. Provide all of the below items with this completed application. Please check –
  - A copy of the U.S. government issued photo ID (example, valid driver’s license).
  - Last one month income verification document (example, pay stubs)
  - U.S. federal and state tax return summary of the most recent year.
  - All supporting documents in Section VI, as applicable
3. Please allow at least 10 Days for the application process to be completed by MAV.
4. Submit –
  - a. This completed application (pages 1 through 4)
  - b. Documents from #2 above
  - c. All supporting documents
  - d. All other relevant documentsvia –
  - Fax at 888-779-8804
  - Email us at [social-welfare@daralnoor.org](mailto:social-welfare@daralnoor.org)
  - Mail
    - Dar Alnoor Islamic Center, 5404 Hoadly Road, Manassas, VA 20112*
    - Attn: Social Welfare Dept*
  - Drop off in the SOCIAL WELFARE box located in Dar Alnoor 1<sup>st</sup> floor lobby





**Muslim Association of Virginia, Inc. (MAV) Social Welfare Services**  
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**IV. HOUSEHOLD MEMBERS:**

List all people living in the same household that you and your spouse (if married) are responsible financially.

Name	Relation	Age	Employed (Y/N)

**V. INCOME INFORMATION:**

**Currently Employed:** YES  NO

<b>Most Recent Employer:</b>	----- Profession/Job Title -----	----- Monthly Gross Income -----
	----- Employer Name -----	----- Phone No. to Verify Employment -----

**Spouse Currently Employed:** YES  NO

<b>Spouse Most Recent Employer:</b>	----- Profession/Job Title -----	----- Monthly Gross Income -----
	----- Employer Name -----	----- Phone No. to Verify Employment -----

	<u>Monthly Income</u>		<u>Assets</u>	
	Source	Amount	Item	Amount
<b>Other Income:</b>	Total income from employment by all household members		Checking account	
	Social/Supplementary Security Income (SSI)		Saving account	
	Child support		Pension fund	
	Food coupon		Stocks	
	Other government programs		Other total assets	
	Other total income			

**MAV is also known as Dar Alnoor or Dar Assalam. Have you ever -**

Applied for financial assistance from MAV? YES  NO

Received financial assistance from MAV? YES  NO

If **YES**, -----  
Date Last Received Assistance                      Amount Received                      Total Assistance Received from MAV to-date



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**VI. FINANCIAL ASSISTANCE NEEDED:** Check type(s) of financial assistance needed. You must provide supporting document for each type. MAV does not pay lump-sum to the applicant directly. Payments are issued for individual types of assistance, if approved by MAV Social Welfare Committee.

Type	Amount	Supporting Document (must include payee address, account number, and amount due)
<input type="checkbox"/> Rent		Lease agreement, rental invoice, or receipt indicating rent past due
<input type="checkbox"/> Medical		Medical bills showing amount due
<input type="checkbox"/> Food		Justify the amount:
<input type="checkbox"/> Electric		Bill showing amount due
<input type="checkbox"/> Water		Bill showing amount due
<input type="checkbox"/> Gas		Bill showing amount due
<input type="checkbox"/> Other		Provide invoice or bill showing amount due

**VII. REFERENCES:** Please provide at least two (2) references. MAV will contact them to verify information as many times as necessary. After two (2) tries, if MAV is not able to contact these references, the application will be REJECTED.

Name	Relation	Current Phone No.

**VIII. SIGNATURE AUTHORIZATION – PLEASE READ CAREFULLY:**

By signing below, I \_\_\_\_\_ accept and agree to the followings –  
First Name Last Name

1. I have read all contents of this application (page 1 through 4) and I fully understand and accept them.
2. I authorize MAV to
  - a. Verify that all information I provided in this application is accurate.
  - b. Release information to individuals or organizations that MAV thinks that would help my case.
  - c. Request information from individuals or organizations that MAV thinks that would help my case.
3. I understand that I may be required to present to MAV additional document upon request.
4. I understand that MAV reserve the right to approve or deny, fully or partially, my application without any explanation.
5. I neither support nor involved in any terrorist activity, and that I have no affiliation with any terrorist organization or individuals under the laws of the U.S.A. and the Commonwealth of Virginia.
6. I certify all information I provided in this application is true and accurate. I testify that I stand before Allah in truth and that Allah is my witness to truth.
7. I understand that any false information on this application will automatically disqualify this and future applications for assistance from MAV.

***ASSISTANCE PROVIDED BY MAV MAY BE IN THE FORM OF ZAKAT, FOOD COUPONS, CLOTHING, COUNSELING, AND/OR REFFERALS TO GOVERNMENT FUNDED PROGRAMS (AS NEEDED ACCORDING TO CIRCUMSTANCES).***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_