



# THE FOUNDATION FOR ISLAMIC EDUCATION

## SOCIAL SERVICE DEPARTMENT

1860 Montgomery Avenue • Villanova, PA 19085 • USA

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www.fiesite.org



### Aid Application Form (2011)

**Note:** *If conditions remain unchanged, this application is to be filed Only Once with the Foundation.*

#### I. Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### II. Citizenship

Are you a US Citizen or Permanent Resident? : Yes \_\_\_\_\_ No \_\_\_\_\_

If NOT, what is your visa status? \_\_\_\_\_

#### III. Family Status:

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widow: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Working: Yes \_\_\_\_\_ No \_\_\_\_\_

Children: Names and ages and jobs:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other dependants: \_\_\_\_\_

#### IV. Housing:

Own: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes-Monthly mortgage/installment \_\_\_\_\_ Utilities: \_\_\_\_\_

Rent: Yes \_\_\_ No \_\_\_ If yes Monthly Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

For how long: \_\_\_\_\_

**V. Employment:**

Are you employed: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name and address: \_\_\_\_\_

For how long: \_\_\_\_\_ Your Job title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Do you have health insurance coverage? Yes \_\_\_ No \_\_\_\_\_

**VI. Financial Status**

Household annual income: \_\_\_\_\_ Minimum monthly expenses: \_\_\_\_\_

Your Request: Need and justification \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your Plan to Become Self –Sufficient (if Applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VII. Income Information**

Did you file a Tax Return in 2008? : Yes \_\_\_ No \_\_\_\_\_

If yes, what was your taxable income: \_\_\_\_\_

If No please explain why? \_\_\_\_\_

**VIII. Contact Person(s) in the Foundation and their contact Information:**

1. \_\_\_\_\_

2- \_\_\_\_\_

3 \_\_\_\_\_

I, \_\_\_\_\_, the under-signed, state that the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_