



Financial Assistance Application

www.fhii.org

Return Completed Application To: yunico@aol.com or

Send scanned images via message attachment to 954-605-2937

1. COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
2. PLEASE PRINT (CAPITAL LETTERS)
3. **UPLOAD PHOTO ID (SEE PAGE 2).**
4. SAVE COMPLETED APPLICATION PDF WITH YOUR NAME AND EMAIL TO OUR EMAIL ADDRESS **OR**
5. SCAN PRINTED APPLICATION, DRIVER LICENSE AND SEND VIA EMAIL ATTACHMENTS.
6. **SIGN APPLICATION.**

Friends Of Humanity International Inc.		Application No:		Date:	
Name:		First:	Last:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone:		Cell:	Home:	Citizen Of:	
		E-Mail:		Are you a US Permanent Resident:	
Mailing Address:					
Marital Status:		Date Of Birth:	Family members:		Ages of children
		Gender of children:			
Social Security #:			Driver Lic. No.:		State:
Are you currently Employed:		YES	NO	Date of last employment	
Employer Name:		If self employed, what is your profession			
Address:					
Work Phone:				Job Title:	
Describe your job skills:		(even if you are presently not employed)			
Last Gross Income Reported to Internal Revenue service (IRS):		\$ _____	Year:	YES	NO
Do you have private medical insurance coverage?		<input type="checkbox"/>			
Are you receiving medical coverage from Medicare/Medicaid ?		<input type="checkbox"/>			
Are you receiving or have received financial help from freinds/family/other eesources?					
Have you received financial help from us in the past 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, provide details below:	
Do you have children that are working and earning income?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, provide details below:	
Please Provide References Below: (other than immediate family members)					
Name		Relationship		Contact Phone:	
Assistance needed for:		How Much:		When do you need it ?	
		\$ _____			
Briefly describe WHY are you in need of financial assistance?					

Briefly describe HOW will the financial assistance be utilized ?					

APPLICANT NAME: _____		INCOME/EXPENSES/ASSETS (ENTIRE FAMILY)			
Monthly Income (Including yourself, spouse, children)		Monthly Expenses/Debt (Including yourself, spouse, children)		Assets (Personal & Business) (Including yourself, spouse, children)	
Monthly Gross wages		First/Second Mortgage Payment		Checking Account(s)	
Self Employment Income		Rent		Savings / Money Market/CD's	
Child Support / Alimony*		Food		Jewelry	
Taxable or Non-taxable social security/SSDI		Gasoline		Cash on Hand	
Disability, pension, or public assistance		Utilities (electric/gas etc.)		Automobile	
Tips, commissions, bonus and other income		Medical/Health Insurance		Real Estate – Primary Home	
Rents Received		Clothing		Other Real Estate (estimated value)	
Unemployment Income		Property Taxes		Loans receivable	
Food Stamp		Alimony, child support payments		Other Personal Assets	
Masjid, other religious or non profit organizations		Automobile Payments		Business Inventory	
From Friends/Family		HOA/Condo Fees, Property Maintenance		Business Value	
Section 8 Publics Housing Assistance		Other		Business Receivables	
Other _____		Other		Other Business Assets	
Total (Gross income)		Total Debt, Expenses		Total Assets	

Do you own property or other assets overseas? YES NO

Do you have income resources overseas? YES NO **NOT AVAILABLE FROM MOBILE DEVICES** →

Are you eligible to receive Zakat? YES NO

If renting, please provide the date your rent is paid through _____ **CLICK ABOVE TO UPLOAD PIC ID**

The Organization you are seeking assistance from, is prohibited to engage in any activity with any individual or organization that is identified on the State Department Foreign Terrorist Organization (FTO) list, or is under sanction by the Office Of Foreign Asset Control (OFAC). The Organization reserves the right to perform background checks, ask for your tax returns or W-2.. The applicant acknowledges that the assistance received from the Organization will be utilized solely for the purpose stated in this application, and will not be utilized directly or indirectly, for any other purpose, or for any unlawful activity under the laws of the United States. You authorize the Organization, its directors, officers, employees, volunteers, to contact and or share your information, with your references, employers, friends and family, or any other entities it may deem necessary, for any purpose whatsoever. Financial assistance (if any) is subject to funds availability, and is based on need, urgency, and priority. The Organization is under no obligation to provide assistance.

I have read and understand the above information. I hereby affirm that the information I have provided is true, correct and accurate. Please be advised that our assistance is usually one time only. If your application is approved, partially or fully, you may not be eligible to receive additional help from us for sometime.

Applicant Signature: _____

For Official Use Only

Assistance Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Date Approved:
Category: <input type="checkbox"/> Zakat <input type="checkbox"/> Sadaqah <input type="checkbox"/> Loan	Check #: _____ Amount Approved: _____
Signature: _____ By: _____	Comments: _____