# FHII-LOGOFinancial Assistance Application

**1. COMPLETE ALL SECTIONS AND ANSWER ALL QUESTIONS.**

**2. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**3. PLEASE PRINT (CAPITAL LETTERS)**

**4. SIGN APPLICATION AND SUBMIT A PHOTO ID.**

**5. RETURN COMPLETED SCANNED APPLICATION VIA EMAIL OR MESSAGE ATTACHMENT.**

**Completed Application To: Email:** yunico@aol.com OR

**Message attachment** to: 954-605-2937. OR **FAX**: 954-438-2889

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| **Friends Of Humanity International Inc.** | **Application No: Date:** |

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| Name: | First: | | Last: | | | | | | | Male  Female | |
| Phone: | Cell: | | Home: | | | | | **Country Of Citizenship:** | | | |
| **E-Mail:**  **Address** |  | | | | | | **Are you a US Permanent Resident:** | | | | |
| **Mailing Address:** |  | | | | | | | | | | |
| **Marital Status:** | | **Date Of Birth:** | | | **Number Of Household Members:**  **Gender and ages of children:** | | | | | | |
| **Social Security #:** | | | **Driver Lic. No.:** | | | | | | | | **State:** |
| **Are you currently Employed:**  YES  NO Date of last employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if not employed currently) | | | | | | | | | | | |
| **Employer Name:** | (If self employed, describe how do you earn your living) | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | |
| **Work Phone:** |  | | | | | **Job Title:** | | | | | |
| **Describe your job skills:** | (even if you are presently not employed) | | | | | | | | | | |
| **Last Year’s Gross Income Reported to Internal Revenue service (IRS): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do you have private medical insurance coverage?**  YES  NO  **Are you receiving medical coverage from Medicare/Medicaid?**  YES  NO  **Are you receiving or have recently received financial help from Friends/Family/Other Sources?** YES  NO If Yes, provide details below:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Have you received financial help from us in the past 12 months?**  YES  NO If Yes, provide details below:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do you have children that are working and earning income?**  YES  NO If Yes, provide details below:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please Provide References Below: (other than immediate family members)** | | | | | | | | | | | |
| **Name** | **Relationship** | | | **Contact Phone:** | | | | | | | |
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| **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 ?** | | | | | | | | | | | |

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| **APPLICANT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INCOME/EXPENSES/ASSETS (ENTIRE FAMILY)**  **PLEASE PROIVDE ACCURATE FIGURES FOR INCOME, EXPENSES AND ASSETS. WE REQUIRE SUPPORTING DOCUMENTS FOR VERIFICATION OF STATED FIGURES**. | | | | | | | |
| **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 If yes, please provide details below:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do you have income resources overseas?**  YES  NO If yes, please provide details below:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you eligible to receive Zakat?**  YES  NO  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date rent is paid through:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ **Past Due Rent Amount**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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  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 *FAF-V18-08-16-20*** | | | | | | | |
| Assistance Approved  Not Approved | | | | | Date Approved: | | |
| Category:  Zakat  Sadaqah  Loan | | | | | Check #: Amount Approved: | | |
| Approved By: | | | | | Signature: | | |