



TAX ID # 26-1149500

PRINCE WILLIAM ISLAMIC CENTER

9002 Mathis Ave.
Manassas, VIRGINIA 20110
(703) 330-3556
www.pwicva.org

APPLICATION FOR ASSISTANCE

Today's Date: _____.

**Note: Please complete all required information on the form.
If application is not completed in full, it will be rejected.**

A. IDENTIFYING INFORMATION:

| | | | | |
|-------------------------------|----------------|------------------|---------------------|------|
| NAME OF APPLICANT | MARTIAL STATUS | BIRTHDATE | SOCIAL SECURITY NO. | RACE |
| | | | | |
| NAME OF SPOUSE IF LIVING HOME | | BIRTH DATE | SOCIAL SECURITY NO. | RACE |
| | | | | |
| STREET ADDRESS: | | TELEPHONE NUMBER | | |
| | | | | |
| CITY, STATE | | ZIP CODE | | |
| | | | | |

B. OTHER HOUSEHOLD MEMBERS (Children and Adults):

| | | |
|-----------|-----------|---------------------|
| FULL NAME | BIRTHDATE | RELATIONSHIP TO YOU |
| | | |
| | | |
| | | |
| | | |

C. BACKGROUND INFORMATION: You must provide all the information requested

EMPLOYMENT HISTORY (LIST RECENT EMPLOYMENT)

1. Employee Name: _____ Occupation: _____

Address: _____

Supervisor Name: _____ Telephone: _____

From: _____ To: _____ Type of Work: _____

Reason for Leaving: _____

2. Previous Employee Name: Please list Previous jobs otherwise your application would not be considered.

Address: _____
Supervisor Name: _____ Telephone: _____
From: _____ To: _____
Reason for Leaving: _____
Type of Work: _____ Occupation: _____

3. Previous Employee Name:

Address: _____
Supervisor Name: _____ Telephone: _____
From: _____ To: _____
Reason for Leaving: _____
Type of Work: _____ Occupation: _____

EDUCATION:

College name: _____ Degree: _____
Graduation Year: _____
High School Name: _____
Business/technical: _____

MILITARY:

Are you a Veteran? Yes _____ No _____

Duty/specialized training: _____

SKILLS & QUALIFICATIONS: _____

REFERENCES:

MUST PROVIDE AT LEAST a List three personal references who are not relatives or former supervisors that we can contact :

1. Name: _____

Address: _____

Telephone: _____ Occupation: _____

Years known: _____

2. Name: _____

Address: _____

Telephone: _____ Occupation: _____.

Years known: ____.

3. Name: _____

Address: _____

Telephone: _____ Occupation: _____.

Years known: ____.

Assistance Requirements:

Please state the reasons that you are seeking help and what kind of help do you need?

Eligibility:

I am currently receiving the following types of public assistance in _____ County.

[] TANF \$ _____

[] SNAP (Food Stamps) \$ _____

[] Supplemental Security Income \$ _____

I currently do not receive public assistance

[] I receive Public assistance in the amount of \$ _____ per month from _____.

Financial Statement:

Income

| | <u>Monthly</u> |
|----------------------------------|------------------|
| Monthly Income | \$ _____ |
| Bank account Balance | \$ _____ |
| Real Estate Owned Value | \$ _____ |
| Vehicles: Type _____ | \$ _____ (Value) |
| Other Assets | \$ _____ |
| TOTAL Income & Assets | \$ _____ |

LIABILITY:

| | |
|--------------------------|-----------------|
| Rent or Mortgage payment | \$ _____ |
| Car payment | \$ _____ |
| Utilities | \$ _____ |
| Food | \$ _____ |
| Insurance | \$ _____ |
| Cell Phone/month | \$ _____ |
| TOTAL LIABILITY | \$ _____ |

If Renting, please provide Lease Agreement.

If mortgage, please provide last mortgage statement.

Statement:

The above information is true AND accurate to the best of my knowledge.
I do hereby authorize Prince William Islamic Center to obtain my credit report and check all my references.

Signature of Applicant

Date