



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

Monthly

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