Islamic Center of Irving

Application for Financial Assistance

Date: _____ Age:_____

Last Name: _____ First Name_____

Address: City: TX, Zip:

Cell phone: Employment Status:

Assistance Needed(check all that apply):

☐ Housing ☐ Electricity ☐ Gas ☐ Food ☐ Bills

☐Transportation ☐Other (Specify):

Amount Requested:_____

Have you applied for assistance from Government Agency or any Islamic Centers? ☐ Yes ☐ No

Personal Reference(someone who knows you well): Cell Phone:

Would You Prefer to Recieve Help Through Zelle? ☐Yes ☐NO **If Yes, Zelle ID:**_____

For Office Use Only

Attending Volunteer: _____ Initials: _____ Granted ☐Yes ☐No

Justification: _____

Amount Granted $_____ Date:_____

THE ISLAMIC CENTER OF IRVING HAS THE RIGHT TO DENY OR ACCEPT PART OR ALL OF THIS APPLICATION. ALL DECISIONS ARE BASED ON INFORMATION VERIFICATION & NEEDS ACCORDING TO THE POSSIBILITIES THAT EXIST WITHIN THE ISLAMIC CENTER OF IRVING. THE ISLAMIC CENTER OF IRVING IS NOT OBLIGATED TO ASSIST, BUT IT AIMS TO AID AS BEST POSSIBLE & WITHIN ITS ABILITY. WE WILL ATTEMPT TO HELP AND SERVE EVERYONE REGARDLESS OF RACE, SEX, GENDER, NATIONAL ORIGIN, OR RELIGION.

Islamic Center of Irving 2555 Esters Rd, Irving, TX 75062 Phone No. (972) 812-2230 EXT: 1900

Financial Assistance Timing: Wednesdays, 6 pm - 7 pm. Sundays 2:30 pm - 3:30 pm