

# Islamic Center of Mason

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## FAMILY ASSISTANCE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Number of children: \_\_\_\_\_

Children's details:

Name	Date of Birth	Age	Male/Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Total monthly income: \_\_\_\_\_

Monthly rent: \_\_\_\_\_

Receiving government assistance? \_\_\_\_\_ Amount per month: \_\_\_\_\_

Have you or your spouse received financial assistance from ICM in the past year? \_\_\_\_\_

If so, how many times: \_\_\_\_\_ Amount received: \_\_\_\_\_

What type of assistance do you need? \_\_\_\_\_

\_\_\_\_\_

If financial assistance is required, how much do you need? (Please remember our resources are limited) \_\_\_\_\_  
\_\_\_\_\_

Are you willing to contribute to the Family Assistance fund in the future to help others (Yes/No)? \_\_\_\_

Please provide three references:

Name	Address	Phone Number

**The information provided is true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Procedure for Family Assistance Program:

1. Get the application (from the office or online), fill it and mail it.
2. Evaluation of application make take 6-8 days.
3. Applicant will be contacted with response.

**Note:** When submitting via envelope, please write "Attention – Family Assistance".  
Your confidentiality in this matter is assured.

**For Office Use Only**

Family Assistance Record

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_