

# Ma'oon Inc.

maoon.inc@gmail.com

973.780.4496



## Ma'oon Assistance Request Form

### APPLICANT INFORMATION

Date

Name (Last, first, middle initial)

Date of Birth (Month, Day, Year)

Street address, City, ST, ZIP Code

Primary phone number | Other phone number

Email address

Masjid Affiliation

### Household & Dependent Information

Name	Relationship	Date of Birth

### Type of Request

☐ Financial: \$ \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Please describe nature of request

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Have you received or applied for assistance from any other source?

☐ Yes

☐ No

If Yes, Explain: \_\_\_\_\_

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**Financial Status**

Monthly Gross Income (Job, Public Assistance, Other)		Monthly Expenses	
Source	Amount	Item	Amount
	\$	Rent	\$
	\$	Utilities	\$
	\$	Food	\$
	\$	Phone	\$
	\$	Transportation	\$
	\$	Other:	\$
	\$	Other:	\$

Please read the following carefully before signing:

I/we attach a copy of my/our photo I.D., such as a driver's license or passport and any verifying documents related to this request. I/we grant Ma'oon Inc. permission to verify and/or supplement the information in this application. I/we also understand that Ma'oon Inc. may seek my or another local masjid's cooperation in resolving my situation. I/we solemnly witness that the foregoing information is true to the best of my/our knowledge.

Applicant(s) Name & Signature:

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Signature

**Attach additional documentation, if applicable.**

**For Administrative Use Only:**

\_\_\_\_\_

Action taken

\_\_\_\_\_

Date received

\_\_\_\_\_

Date

\_\_\_\_\_

Action taken

\_\_\_\_\_

Date

\_\_\_\_\_

Privacy Official signature

\_\_\_\_\_

Date