

ISLAMIC ASSOCIATION OF LEWISVILLE/FLOWER MOUND (IALFM)

3430 Peter's Colony, Flower Mound , TX 75022

Telephone # 972 355 3937

<http://ialfm.org/>

email: erf@ialfm.org

ERF APPLICATION INFORMATION

Islamic Association of Lewisville/Flower Mound Emergency Relief Fund (ERF) is a temporary assistance program mainly for the Lewisville/Flower Mound community funded by the local Muslim community in the form of Zakat and Sadqa. We comply with Sharia rules and regulations. Hence we will not pay any bills that involve interest of any kind such as Mortgage payments, credit cards, car loans with interest etc. All applications are processed on first come first serve basis. Approval is subject to availability of funds and assessment of IALFM Board and/or ERF committee recommendations.

Requirements for Eligibility :

A signed application with required supporting documents must be submitted by the applicant to initiate the application process. Along with a signed application, following documents are also required:

- (a) If possible, one reference from the other community member
- (b) A copy of Government issued Photo ID
- (c) Reason for assistance – For example, if requesting financial assistance for utilities then copies of bills etc.
- (d) Current/Last employer address and name
- (e) Copies of financial aid (if receiving government or private assistance from other organizations)
- (f) Organizations/Mosques that applicant have applied for financial assistance in the last 6 months. Address and the total dollar amount received.

Conditions :

- i) Financial assistance will be on a temporary basis.
- ii) Absolutely no cash payments are permitted to the applicant.
- iii) Assistance to the applicant should be offered to cover only the immediate needs like food, shelter, transportation, and utilities.
- iv) If provided false information or left required information unanswered intentionally, applicant including any member of the family with the same mailing address will not be eligible for any financial assistance for the next three years.

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APPLICANT INFORMATION (PART 1 OF 2)

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

Email address :

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

SPOUSE INFORMATION

Name:

Date of birth:

Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

CHILDREN/OTHER IN THE HOUSEHOLD

Name/Age

Name/Age

Name/Age

Name/Age

Name/Age

Name/Age

SIGNATURES

I authorize IALFM, its Shura members, ERF committee members, and any other person assigned by the IALFM board of directors/ERF committee, to be able to verify the information provided on this form and be able to make inquiries including, but not limited to financial, background, and any other information that Shura/BOD/ERF committee of IALFM may deem necessary regarding my emergency relief application. If need be, the information provided by me and obtained by the IALFM Shura/BOD/ERF committee can be shared with other Masajid/government agencies.

Signature of applicant:

Date:

Signature of spouse:

Date

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APPLICANT INFORMATION (PART 2 OF 2)

Name :

NATURE OF EMERGENCY – PLEASE EXPLAIN THE SITUATION AND NEED FOR FINANCIAL ASSISTANCE:

MOSQUES/AGENCIES YOU APPLIED FOR ASSISTANCE/OUTCOME/PERSON CONTACTED/PHONE #:

1)	2)
3)	4)

LAST TIME YOU/SPOUSE CONTACTED IALFM FOR FINANCIAL ASSISTANCE:

Date/Reason/Outcome :

CHECKING AND SAVINGS BANK ACCOUNT INFORMATION:

Name of Financial Institute(s):	
Checking Account Number :	Current Balance : \$
Saving Account Number :	Current Balance : \$

REQUESTING FUNDS – DESCRIPTION/AMOUNT:

Grocery - \$	Rent - \$
Electric - \$	Water - \$
Phone- \$	Gas - \$
Gasoline - \$	Medicine - \$
Internet - \$	Other (1) - \$
Other (2) - \$	Total - \$

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Signature of applicant:	Date:
Signature of spouse:	Date: