

# IMANI AID BENEFICIARY APPLICATION FORM

Before applying for aid, please review the eligibility criteria listed below. IMANI Aid is intended to benefit:

- Muslims and others in need whose households whose income is below 150% of the federal poverty guidelines, or anyone experiencing economic, social and/or health hardships or emergencies – all in the Indianapolis, Indiana and surrounding areas;
- Muslims and others who are not below the poverty line, but are still impoverished and in need of assistance to meet their day to day needs.
- Individuals who are new to the Muslim faith or those whom have struggled with their faith, in order to help them with their personal and spiritual development;
- Muslims who seek freedom from challenging circumstances, such as those who are imprisoned, victims of domestic violence, child labor, or other difficulties.
- Muslims who are insolvent, such that their debts exceed their assets and are left with the less than “Nisab,” defined in Islamic principles as approximately three (3) ounces of gold.

To seek benefits from IMANI Aid, please provide the following information on this application form, which will be used to make a decision on your application.

PLEASE PRINT CLEARLY

## I. PERSONAL INFORMATION

A. Name of Person Completing This Application: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_)\_\_\_\_\_

Marital Status: Single Married Widow/Widower Divorced

B. Name of Person Seeking Aid (if different): \_\_\_\_\_

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

Telephone Number: (\_\_\_\_)\_\_\_\_\_

Marital Status: Single Married Widow/Widower Divorced

C. Authorization If you are not seeking aid for yourself in this application, do you certify that you have authorization to complete this Application on behalf of the person seeking aid?

Yes  No  Not Sure

What is your relationship to the person seeking aid?

Husband/Wife  Father/Mother  Child

Relative: \_\_\_\_\_  Other: \_\_\_\_\_

D. Children

If the person seeking aid has children, please indicate the number of children and their ages:

No.	Name	F or M	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**II. REASON FOR APPLYING FOR AID**

**III. DOCUMENTS NEEDED**

IMANI Aid will need a copy of the following information and documents for the person seeking aid:

- Place of birth
- Bank statement
- Proof of income (i.e., pay stub or tax returns)
- Social security number or card

**IV. SIGNATURE / CERTIFICATION**

I affirm that my answers on this application are complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PROVIDE THIS COMPLETED APPLICATION FORM AND DOCUMENTS REQUESTED ABOVE TO ANY IMANI AID REPRESENTATIVE OR MAIL TO:**

IMANI AID 1300 E. 86th Street, Box No. 40111 Indianapolis, IN 46240

FOR OFFICE USE ONLY

Case number: \_\_\_\_\_ Referred to by IMANI Aid Member: \_\_\_\_\_

(Name) Beneficiary: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Application Decision:

Approved  Denied  on \_\_\_\_\_

Date Reason (if denied):

\_\_\_\_\_