

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

IN THE NAME OF ALLAH, THE MOST GRACIOUS,
THE MOST MERCIFUL

FAYETTEVILLE AREA ISLAMIC COMMUNITIES' (FAIC)

REQUEST FOR ONE-TIME INDIVIDUAL FINANCIAL ASSISTANCE

1. I, _____ (Full Legal Name) hereby request a one-time charitable financial assistance payment from FAIC in the amount of \$_____.
 2. Personal Contact Information:
 - a. Address: _____
 - b. Telephone: _____
 - c. Email: _____
 - d. Employed by: _____
 3. I am single/married. Number/ages of family members for which responsible: _____
 4. I/We regularly attend a FAIC (Yes/No). Or I/We regularly attend the following other local Masjid: _____
 5. The following FAIC or other Masjid individuals know me and can serve as my references
 - a. _____ (Name & Telephone Number)
 - b. _____ (Name & Telephone Number)
 6. In addition to FAIC, I am also seeking financial assistance at this time from: _____ in the amount of \$_____.
 7. If approved, the funds received from FAIC will be used for: _____
- _____
8. If this request is for assistance with a recurring/monthly bill, what is your get-well plan for dealing with this expense in the future? In other words, how do you plan to make your payment next month? _____
- _____
9. Check should be made out to: (Name of Individual or Company) _____

10. **I understand that FAIC have limited funds for assisting with personal financial matters, and I have read/been advised about the time-period and dollar limits for which I can request financial assistance.** I further understand that any amount I receive through this request is considered charity and I am under no legal or moral obligation to repay the amount received at any time now or in the future. However, should my financial situation improve significantly in the future, I will consider returning the amount I received from FAIC to the FAIC so that others who may be in need in the future may also benefit from this opportunity.

(Signature)

(Date)

****THIS PORTION FOR FAYETTEVILLE AREA SADAQAH COUNCIL USE ONLY****

The above request for financial assistance from _____ was reviewed by the Fayetteville Area Sadaqah Council (FASC) on _____ (Date). The FASC has taken the following action:

- a. Disapproved
- b. Approved in the Amount of: _____

(Signature of FASC Designated Representative)

I, _____ hereby acknowledge that my request for financial assistance was:

- a. Disapproved
- b. Approved in the Amount of: \$_____ and I hereby acknowledge receipt of that amount from the Fayetteville Area Sadaqah Fund (FASF) on _____ (Date).

I further acknowledge that, regardless of the decision on this financial assistance request, I generally may not reapply for additional financial assistance from FAIC within three months from the date of this request.

(Signature)

(Date)