



Islamic Center of New Mexico

1100 Yale Blvd SE • Albuquerque • NM 87106
 PO Box 4582 • Albuquerque • NM 87196
 www.icnmabq.org

Tel 505.256.1450
 Fax 505.268.1378

In the Name of Allah, Most Merciful, Most Gracious

ICNM SHORT-TERM FINANCIAL ASSISTANCE APPLICATION

NOTE: Please fill in all items below completely. Please print clearly.

Personal Information:

Name: _____
 Address: _____ Apt. Number: _____
 City: _____ State: ____ Zip Code: _____
 Telephone: () _____ - _____ Email: _____
 Date of Birth: ____ / ____ / _____ SSN: _____ - _____ - _____
 Marital Status: Married Single Divorced Widowed
 Gender: Male Female

Please list ALL (including self) persons living in the household:

Name:	DOB:	Social Security	Relationship	Monthly income all sources (Salary,SSI, Food stamps, etc...)	Income Source
1) SELF	SAME	SAME	SELF	\$	
2)				\$	
3)				\$	
4)				\$	
5)				\$	
6)				\$	
7)				\$	

PERSONAL REFERENCES:

Name:	Telephone	Name:	Telephone



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Financial Information:

Have you ever applied for financial assistance before at the ICNM? Yes No

If yes, When? _____

Was Assistance provided? Yes No. If Yes, how much? \$_____

Are you currently employed?

Yes:

Employer	Telephone	Monthly Income
		\$
		\$

No

Name of last employer: _____ Income: \$_____

Please give the date employment ended: _____.

Have you applied for unemployment? Yes No

Have you applied for disability income? Yes No

Expected amount needed: \$ _____

Is this amount one-time or reoccurring? One-Time need Reoccurring

Please describe in brief the reason(s) for your application for financial assistance

What volunteer service can you or your family can provide to the ICNM:

APPLICANT SIGNATURE:

Name

Date