

NHIC COMMUNITY ASSISTANCE APPLICATION

- 1) Last name: _____ First Name: _____
- 2) Age: _____
- 3) Married _____ Divorced _____ Widow _____ Single _____
- 4) Number of children _____
- 5) Age of children --- --- --- --- --- --- --- --- --- ---
- 6) Time in USA _____
- 7) Employed _____ Y/N _____ Monthly income _____
- 8) State/Federal benefit _____ Y/N _____ Monthly benefit _____
- 9) IRIS or other NGO benefits _____ Y/N _____ Amount _____
- 10) Miscellaneous donations _____ Y/N _____ Amount _____
- 11) Average monthly expenses _____ Amount _____
- 12) Medical or physical disability that interfere with getting a job _____
-

Disclosure:

- I will submit a US government photo ID with this application
- I will submit a DSS or IRS of tax return when/if NHIC asks for it to verify any of the above information, If I have no DSS paper work I will sign my NO OBJECTION form , So NHIC will get it

Last name: _____ First name: _____

Signature: _____

Initials
Initials

New Haven Islamic Center

Primary Address: 254 Bull Hill Lane, Orange, CT 06477

Phone: 203-933-5799

Email: info@nhicct.org

Authorization Form

I _____ allowed New Haven Islamic Center Orange CT 06477 to obtain my all benefit information and I have no objection.

My Social Security Number:

Date of Birth:

Address: