



Humanitarian Assistance Application

SECTION 1: YOUR PERSONAL INFORMATION

Full Name	
Date of Birth	
Address	
Phone numbers	
Dependents (Example: wife, 2 sons, ages 2 and 5, etc.)	Number of dependents: Description of dependents:
References (Provide name and phone # of each reference)	Reference 1: Reference 2:
Current Employer	Name: Phone: Address:
Case Details: Please describe 1) why you need financial assistance from NAMCC and 2) how much assistance you need.	

SECTION 2: MONTHLY INCOME

Monthly salary from job:	\$
Social Security income:	\$
Food Stamps:	\$
Any other income (Include income from other organizations, mosques)	
Total Monthly Income	\$

Note: Please submit proof of all your income, such as copies of pay stubs, recent bank statement, etc.

SECTION 3: MONTHLY EXPENSES

Rent: \$	Food: \$
Car payment: \$	Car Insurance: \$
Gas and Electric: \$	Cable and Internet: \$
Phone: \$	Medical: \$
Miscellaneous (please explain each expense)	
Total Monthly expenses	\$
If approved, how to get money (circle one)	Check Zelle Venmo Paypal

Note: Please submit proof of expenses, such as copy of rental agreement, utility bill, medical bills, etc.

I certify that all the information that I have filled in this form is accurate and I understand that NAMCC may contact my references for the purpose of assisting me.

Date: _____ Signature of Applicant: _____