



American Muslim Senior Society (AMSS)

Diversity and Partnership in Action Supporting Caregivers and Empowering Older Adults

AMSS Financial Aid & Emergency Fund Form

Personal Information:

Date of application:

Name:		
Date of Birth:		Age:
Social Security Number		Race:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone:	Home:	Cell:
Address:		
Email:		
Emergency contact:	Name:	Phone:
Legal States	<input type="checkbox"/> Citizen <input type="checkbox"/> Green Card <input type="checkbox"/> Other	

Number of household members:	
Household annual income:	
Members of the household that have government support:	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental social security income

Reasons for the financial aid: Please explain below the main reasons for applying for a financial and emergency fund or choose from the following options :

Rent Assistance Bills Medical Care Home Supplies Other

Additional comments:

For final approval of assistance, an interview will be held with one of our ambassadors.

Proof of County residency and a copy of ID, tax return must be submitted.

Signature : _____

Date: _____

For office use only(This aid is for) Zakat Sadaka Other

Amount Requested: \$_____.



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Name of Reviewer #1 _____

Amount Approved : _____

Signature : _____

Date: _____

Description of Financial Aid: _____

Name of Reviewer #2 _____

Amount Approved : _____

Signature : _____

Date: _____

Description of Financial Aid: _____