

Relief Application Form
Muslim Community Support Services Inc.
(M C S S)
P.O. Box 850092, Braintree, MA 02185
Toll Free Tel: 888-773-3777, FAX: 866-802-6737

Complete all questions accurately and fully, and Fax application and other relevant documents to above number.

PERSONAL DATA:

NAME: _____
(Last, first, middle)

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____ Male Female
(Month, day, year)

CURRENT ADDRESS: _____
(Street) (City, state, zip)

TELEPHONE: _____ EMAIL: _____
(Area code, number)

Weekly Income: \$ _____ Occupation: _____ No. of members in family: _____ No. Children: _____

Marital Status: Single Married Widowed Divorced

Will you receive monetary or other aid from other sources? Yes No
If yes, please provide the name of the source and an estimate of how much of your need will be covered by this funding source:

Did you receive any help from MCSS in the past? Yes No . If yes: How many times and when? _____

Currently Employed? YES NO Monthly Rent: \$ _____ Utilities: \$ _____

LANDLORD'S: Name: _____ Telephone # _____ Address: _____

TYPE OF SUPPORT NEEDED (attach additional sheet, if needed):

Rent Food Utilities Medical Consultation Bus Pass Car Other

Please Describe Need in Detail: _____

References: (List the individuals who can provide information regarding your circumstances and indicate how long have you known each reference).

 (Name, telephone, address)

 (Name, telephone, address)

Applicant's Relationship if any, with the landlord, the references or the person filling out the application: Yes/No.

Explain if Yes: _____

CERTIFICATION:

I certify that all statements made in this application are correct and I agree to abide by the decision of the MCSS Inc. I understand that any documents submitted to MCSS with this application become the sole property of MCSS and will not be returned or transferred.

Signature of Applicant: _____ **Date:** _____

Name of Person filling the Application: _____ **Tel:** _____

DO NOT WRITE BELOW THIS LINE, FOR OFFICAL USE ONLY

THIS REQUEST IS:

Approved for one time \$ _____ Date: _____ Check # _____

Approved for monthly payments of \$ _____ Date: _____ 1st Check # _____

Approved for Food Cards \$ _____ Date: _____

APPROVED BY:

Name: _____

Name: _____

Name: _____

Comments: _____ Need Additional Verification _____