

FOR OFFICE USE ONLY:

Approved for Zakatulmal: \$ \_\_\_\_\_  Approved for Charity \$ \_\_\_\_\_  Approved for Loan\$ \_\_\_\_\_  
 Denied

Signature of Authorized Person: \_\_\_\_\_

**DAR AL-HIJRAH**  
**SOCIAL SERVICES DEPARTMENT**

3159 Row Street  
Falls Church, VA 22044  
Tel: (703)- 531-2905  
Fax: (703) 536- 1035  
daralhijrahss@yahoo.com

**Application for Assistance:**  
**FOR NORTHERN VA APPLICANTS ONLY**  
**COMPLETELTY FILL OUT THE APPLICATION**

**Section I: Assistance Needed (Please check)**

Rent:\_\_\_ Medical:\_\_\_ Food Bank:\_\_\_ Counseling:\_\_\_ Referrals:\_\_\_  
Legal:\_\_\_\_\_ Other:\_\_\_\_\_

**Section II: Personal Information**

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Last name First name Middle Name

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Location: \_\_\_\_\_

What Masjid/Mosque do you attend?: \_\_\_\_\_

**Section III: Spousal Information**

Spouse's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Location: \_\_\_\_\_

**Section IV: Other Members of the Household**

Name	Relationship	Date of Birth	Male/Female	Social Security #
1.				
2.				
3.				
4.				
5.				
6.				

**Section V: Income and Expenses**

Monthly Gross Income		Monthly Expenses		Assets	
Source	Amount	Item	Amount	Item	Amount
Work	\$	Rent/Mortgage (Please circle)	\$	Checking	\$
SSI		Utilities		Savings	
Child Support		Phone		IRA	
Govt. Support		Car Note + Ins		Pension Fund	
Spouse's		Food		Stocks/Bonds	
Donations from friend's		Transportation		Property Equity	
Other		Medical		Jewelry	
		Credit Cards		Other	
		Other			
<b>Total:</b>		<b>Total:</b>		<b>Total:</b>	

**Section VI: Financial Needs and History**

1. If financial assistance is needed list amount: \$ \_\_\_\_\_

2. Describe exact reasons for requesting assistance (**DO NOT LEAVE BLANK**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you received financial assistance from Dar Al- Hijrah before?: \_\_\_\_\_

a. If yes, how much did Dar Al- Hijrah give you? \$ \_\_\_\_\_

b. When did you receive this assistance? \_\_\_\_\_

4. Have you received financial support from another source? \_\_\_\_\_

5. If so list the services and where you got them from (For example: food stamps or TANF from Fairfax County.): \_\_\_\_\_

6. Do you have another case worker?: \_\_\_\_\_

7. If yes, write name: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

8. Does Dar Al- Hijrah social services have permission to discuss your case and relevant information with your caseworker or any other masjid? (Please write yes or no) \_\_\_\_\_

9. If yes please sign your name here: \_\_\_\_\_

**Section VII: References**

1. \_\_\_\_\_  
Name Phone Number

2. \_\_\_\_\_  
Name Phone Number

**Please read the following carefully before signing**

**I accept and testify to the following:**

1. Dar Al- Hijrah has permission to verify verbal and written information & document information relevant to this application.
2. Dar Al- Hijrah has the right to deny any case without any explanation.
3. I may be required to present proof of all statements upon requests.
4. Due to Islamic regulations or my circumstances the requested assistance may not be available.
5. I acknowledge that I stand before Allah in truth and that Allah is my witness.
6. If I knowingly give false information on this application I may be disqualified for requested assistance.
7. I understand that Dar Al- Hijrah may refer my case to county agencies and centers first.
8. Assistance provided may be in the form of financial assistance, food coupons, clothing, counseling, and/or referrals to government funded programs upon the circumstances.
9. I understand that it may take 10 days or longer to process my application.
10. If my application is approved I will submit at least 20 hours of volunteering at Dar Al- Hijrah.
11. Regardless of whether or not I am approved, I agree that Dar Al- Hijrah will keep copies of my documentation pertaining to my file.
12. I understand that I may be subject to a house/apartment visit so my social workers can better understand my situation.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

**DAR AL-HIJRAH  
SOCIAL SERVICES DEPARTMENT**

3159 Row Street  
Falls Church, VA 22044  
Direct (703)-531-2912, Fax: (703)536-1030  
daralhijrahss@yahoo.com

To Whom It May Concern:

I, \_\_\_\_\_, testify that I'm not involved in any activities that would be characterized as terrorist activities. I also do not support or have connections with individuals or organizations affiliated with terrorist activities.

Client Address: \_\_\_\_\_

\_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS: Please bring the following documents.**

(You may take this paper and bring it with the rest of your documents.)

**Absence of these documents may delay or cancel the processing of your application:**

1. Photo Identification of you and your spouse.
2. Your social security card and the social security cards for all the members of the household.
3. One month pay stubs for you and your family members most recent job(s).
4. Copy of 3 months Banks statement from the applicant and all household members.
5. Copy of rent receipt if applying for rental assistance.
6. In case of a loan, two well known guarantors have to submit the full amount of money by checks. These checks will be cashed if the borrower defaults on the loan.
7. Any other documents relevant to the case. For example: medical bills, letter of termination from work, etc.

**COMMITTEE DECISION**

**I. Social Worker Recommendations:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Chairperson's Recommendations/ Comments:**

**III. Committee Decision:**

**APPROVED** for **Zakatulmal**: \$ \_\_\_\_\_

**APPROVED** for **Charity**: \$ \_\_\_\_\_

**APPROVED** on the basis of a **Loan** for \$ \_\_\_\_\_.

The client will make payments of \$ \_\_\_\_\_ for the next \_\_\_\_\_ months starting with the month of \_\_\_\_\_.

**DENIED**

**Signature of Authorized Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# CONFEDENTIALITY AGREEMENT

Dar Al Hijrah Social Services respects your right to confidentiality. When you apply to our Social Services we will try our best to ensure privacy of your name and case information.

To help assure quality distribution of financial assistance, however, Dar Al Hijrah Social Services reserves the right to discuss your case information and anything relevant to your case with third party members like your social worker, doctor, references and other masjid. All case information is confidential and will not be spoken to anyone but Social Services Department members and Dar Al Hijrah staff.

DAH Social Services also reserves the right to deny your case if you do not agree or accept the conditions of the confidentiality agreement.

I, \_\_\_\_\_, understand and agree to the conditions of  
Please print full name

Confidentiality above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Dar Al Hijrah Social Services Application Process

Dar Al Hijrah Social Services receives applications on a regular and frequent basis. It is essential that we review the applications and supporting documents to help ensure that the zakat will be distributed to the most needy. Lying, fraud and aggression towards staff is never appropriate.

To help make the application process as smoothly and stress free as possible for those who are in need, please read the following guidelines to understand how the process works:

1. When applying for some type of assistance, please fill out the application completely. Please also provide the necessary documents that are listed on page 5 of the application. Withholding information and documents will delay your case, even if it is an emergency.
2. The social workers will collect the application information and documents to assess your current situation. They may verify the information by calling your references or other caseworkers. It is important that you provide accurate information, as false information will delay and could disqualify you from receiving assistance. The social worker will then write a findings report for the Chairperson.
3. The social workers will pass on the information to the Chairperson of social services. Documents will be reviewed again and the Chairperson will make a decision about whether you are approved or denied.
4. After approval or denial the information and case will be passed on to the President of Dar Al Hijrah. The final decision for approval or denial can take up to two weeks. Please note that your information will remain confidential. Your information will stay confidential between those who review your case and the other people/parties you agreed to in the application (like your references, other case workers etc.)
5. If you are approved you will then be called to pick up your check from the office when it is ready. Please note that sometimes, because of limited funds, we cannot provide the full amount of money requested.
6. If you are denied assistance, you will receive a denial letter in the mail. Reasons for denial often are because of missing documents, that the person has been helped financially by Dar Al Hijrah before, or that the person didn't provide accurate information.

We appreciate the time you have taken to read this document and we hope that the application process will run as smoothly as possible. For any questions please call our office during normal business hours Monday- Friday at (703) 531-2905.