



MOMIN Support Fund /Loan Application Form

Please fill out the form completely below, sign and **EMAIL IS BACK DIRECTLY TO fundraising@momin.org** . We will contact you after your request has been reviewed. Processing may take at least (5) business days from this date. Any request received and approved after Tuesday may not be processed for payment until Friday of the following week. Copies of bills for which assistance is needed must be provided; you must provide your own photocopies. **Failure to complete the entire form may delay the review of your request.—THIS PROGRAM IS ONLY OPEN TO FIRST TIME APPLICANT OF LOCAL DFW MOMIN COMMUNITY PARTICIPANTS, UNLESS APPLICANT HAS ALREADY PAID OFF THEIR PREVIOUS LOAN BACK TO MOMIN.**

Please Print (CAPS ONLY)

FAMILY INFORMATION

Applicant's Name: _____ Email: _____

SS Number _____ DL Number _____

Spouse's Name _____

How did you find out about this program-Reference: _____

Household Members

Name	Relationship	SS#	Date of Birth

Current Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

EMPLOYMENT INFORMATION

Employer _____ How Long? _____

Employer Address _____ Employer Phone No. _____

Spouse's Employer _____ How Long? _____

If Unemployed, How Long? _____

Reason for Unemployment? _____

If not unemployed, what has happened to create this need? _____

Are you dues paying member of MOMIN? Have you been helped previously by MOMIN? Yes No
Yes No

Have you received assistance from any other organization during the past 6 months? If yes, whom? Yes No

Amount and/or type of assistance? _____

I AGREE that you are applying for a Loan and I do intend to return in full IA by: DATE: _____

Signature _____ Date: _____

AMOUNT OF FUND REQUESTED \$ _____



Please list all income and expenses for your household, not just the expenses for which assistance is needed. You must provide a copy of the bill(s) for which assistance is requested.

Type of Monthly Income/Cash Available	Current Monthly Income Amount or amount earned before unemployed	Here if requesting payment of this bill	Monthly Expenses	Expense Amount	Due Date
Applicant's Wages			Mortgage/Rent		
Spouse's Wages			Electricity		
Other Members of the Household Wages			Gas		
Social Security			Water		
Disability Benefits			Phone		
Retirement Benefits			Car Payment		
Food Stamps			Cell Phone		
Unemployment			Gasoline		
Child Support			Auto Insurance		
Extended Family Support			Home Insurance		
Any Other Income			Health Insurance		
			Groceries		
Total Income			School Expense		
			Laundry		
Checking Account Balance			Clothing/Shoes		
Savings Account Balance			Medical		
Savings Bonds			Prescriptions		
Investment Account Balance			Cable/Satellite		
Retirement Account Balance			Child Care		
Available Cash as of Today			Child Support		
			Credit Card 1		
			Credit Card 2		
			Credit Card 3		
			Cigarettes		
			Loans(explain)		
			Other Expenses		
			Total Expenses		

FOR OFFICE USE ONLY:

Approved Amount \$ _____	Pay to: _____	P.O. # _____
Previous Assistance? _____	Yes _____	No _____
Approved By: _____	Date: _____	

I HAVE received the Loan of \$ _____ and I do intend to return in full IA by: DATE: _____

Signature _____ Date: _____

Witness by Signature _____ Date: _____