

**Islamic Circle Of Mercer County (ICMC)**

336 Lawrence Station Road  
Lawrenceville, NJ 08648  
(609) 586-3165

**Application for Financial Assistance:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address: \_\_\_\_\_

How long you have been living there: \_\_\_\_\_, Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Previous Address if the Current Address is less than 3 Years:**

\_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Dependents:**

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Social Security No.</b>

**Reason for which Financial Assistance Needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference: Give Names, Address and Phone Number:**

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_