



FAITH REGISTRATION FORM

Specify your need:

- Rent/Mortgage Food Medical Utilities Loan
 Tuition Family Conflict Car Needs Housing Credit card relief
 Other (specify) _____

Duration of Need (specify in months) _____

Urgency of Need (include any deadlines) _____

Tell Us About Yourself				
Full Name		Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (mm/dd/yyyy)
Race <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Biracial <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (specify)			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
Marital Status (check all that apply) <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Parent		Legal Status <input type="checkbox"/> US Citizen <input type="checkbox"/> US Green Card <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other (specify)		
Education <input type="checkbox"/> No High School <input type="checkbox"/> Technical School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> High School <input type="checkbox"/> Some College Specify Degree (if applicable)				
Has your degree been evaluated for US equivalency (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Primary Language		Secondary Language		
Street Address			City	State Zip Code
Cell Phone	Secondary Phone	Email		
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed (specify): _____ <input type="checkbox"/> Other (specify): _____				
Profession		Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Place of Employment (Company Name & Address)			Duration of Employment: (Years)	
Do you have any other jobs? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)				
If you receive zakah or financial assistance from another organization, please provide name of the organization, phone number, and amount.				
Name of Organization	Contact Person	Phone Number	Amount	Frequency



Tell Us About Your Dependents					
<u>Dependent Name</u>	<u>Relationship</u>	<u>Date of Birth (mm/dd/yyyy)</u>	<u>Sex</u>	<u>Gainfully employed</u>	<u>Monthly Income</u>
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

For additional dependents, please attach a separate sheet using the same format.

Tell Us About Your Income					
<u>Source of Income</u>	<u>Monthly Amount</u>	<u>Source of Income</u>	<u>Monthly Amount</u>	<u>Expense</u>	<u>Monthly Amount</u>
Your total Income		Zakah Assistance		Housing (rent/mortgage)	
Your dependents total income		Child Support / Spousal Support (Alimony)		Utilities (water, gas, electricity, phone, etc.)	
Social Security Income		Business Income		Transport (car, bus, insurance, etc.)	
TANF		Any other income (WIC, social services, rental, etc.)		Household (food, childcare, tuition, medical)	
SNAP Benefits				Other (specify)	
TOTAL INCOME				TOTAL EXPENSES	

Tell Us About Your Assets			
<u>Assets</u>	<u>Amount</u>	<u>Assets</u>	<u>Amount</u>
Checking Account		Savings Account	
Cash on hand		Vehicles (other than primary)	
Retirement Account (e.g. 401, IRA, pension plan, etc.)		Properties (residential/commercial)	
Certificates of Deposits (CDs)		Valuable Personal Property (jewelry, art, collectibles, etc.)	
Other investments (Stocks, Bonds, Mutual Funds, Trust, etc.)		Other Assets (specify)	
Total Assets			

Income Summary			
<u>Total Income</u>	<u>Total Assets</u>	<u>Total Expenses</u>	<u>Net (Income + Assets - Expenses)</u>



CONFIDENTIALITY STATEMENT

I, _____, hereby certify that the above information is true to the best of my knowledge. I understand that FAITH will require proof of income, assets, expenses, and other supporting documents to verify my eligibility, and I authorize FAITH to verify my information by any means necessary to complete the application process. I understand that if any information I have given proves to be false or misleading, my eligibility may be declined, and FAITH may take whatever action becomes appropriate.

 Client Signature

 Full Name

 Date of Signature

INFORMATION RELEASE

I, _____, hereby authorize FAITH Social Services to take the following actions (check all that apply):

- Release** information about me to individuals or organizations that FAITH Social Services thinks would help my case.
- Request** information from individuals or organizations that may have relevant information regarding my case.

This authorization is valid for **six (6)** months from the date of my signature below. I understand that I may be revoke this consent **at any time in writing**, except to the extent that FAITH Social Services has already acted based on this authorization.

 Client Signature

 Date of Signature

LEGAL DISCLOSURES

I, _____, certify that:

- I am not engaged in, nor do I support or fund, any terrorist activity or organization as defined by U.S. law.**
- I understand that this information may be verified as part of routine compliance with federal and funding requirements.
- I understand that I am responsible for informing any Federal, State, or local authorities about the financial assistance I receive from FAITH Social Services.
- I understand that false or misleading information may result in the denial or termination of services.

This certification is made under penalty of perjury and will remain in effect for the duration of my eligibility for services.

 Client Signature

 Date of Signature



FOR OFFICE USE ONLY

Case Number	Client Name
Client Address	Client Communication Preference <input type="checkbox"/> Phone <input type="checkbox"/> Email
Summary	
Case Manager Name	Supervisor Name
Document Checklist (*asterisk means required)	
<input type="checkbox"/> Photo ID* <input type="checkbox"/> Social Security Card* <input type="checkbox"/> Income Information (paystubs, W2, tax filing)* <input type="checkbox"/> Proof of US Legal Status* <input type="checkbox"/> Rental Agreement/Mortgage statement (if applicable) <input type="checkbox"/> Bank statements* <input type="checkbox"/> Asset statements (see page 4)* <input type="checkbox"/> Credit Card Statements* <input type="checkbox"/> Bills (if applicable) <input type="checkbox"/> Non-FAITH Assistance Eligibility Notice(s)– zakah, TANF, SNAP, Section 8, etc. (if applicable) <input type="checkbox"/> Employment termination letter (if applicable) <input type="checkbox"/> Signed Disclosures*	<p>PICTURE ID GOES HERE</p>