ISLAMIC CENTER OF BATON ROUGE
ANSAAR COMMITTEE NEEDY FORM
APPLICATION

Personal Information:

Type of Aid Sought

- ☐ Monetary Help
- ☐ Employment (Job)
- ☐ Utilities
- ☐ Rent
- ☐ Other

If "Other" please explain

Briefly describe your need

Name: _____ _____
First Name Last Name

Address: _____
Street Address

_____
Street Address Line 2

_____ _____
City State / Province

_____
Postal / Zip Code

Email: _____ Phone Number: _____

Are you out of Town of Masjid ICBR ?

- ◯ Yes
- ◯ No

Please provide the name of the closest Masjid by your Residence

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THE EQUIPMENT FEES ARE AS FOLLOWS

My Products

☐ $3.50 PER CHAIR $3.50

PER CHAIR ADDITIONAL DAY

Quantity _____

☐ $10.00 PER TABLE: $10.00

PER TABLE PER ADDITIONAL DAY

Quantity _____

Total: _____

Credit Card:

_____ _____

First Name Last Name

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FINANCIAL INFORMATION

Name of Employer: _____ Employer Phone: _____

Address: _____

Street Address

_____

Street Address Line 2

_____ _____

City State / Province

_____

Postal / Zip Code

Job Description

Monthly Rent: | | Bank Balance: | |

Comments:

Received by: | | Date: | |

State/Driver ID Number:

Attached Your Documents