

The Islamic Community of Greater Killeen
5600 Highway 195/ South Fort Hood Street
Killeen, Tx 76542

Request for Assistance/help

Date _____

First Name: _____ Middle Name: _____

Last Name: _____ Soc. Security #: _____

Driver's License Number: _____ State: _____

Home Phone Number: _____ Cell Phone Number: _____

Name of Next of Kin: _____ Phone Number: _____

I, _____, request assistance/help in the amount of
\$ _____ for the following reason(s):

Please use additional paper if the space above is not enough.

Name of Masjid you attend: _____ in the city of: _____

State of: _____ Name of your Imam : _____

Phone number of imam: _____

The above information that I have provided is true and correct to the best of my knowledge.

Signature: _____

Approving authority signature and date.

Approved: _____ Date _____ Disapproved: _____ Date: _____

Approved: _____ Date _____ Disapproved: _____ Date: _____

Remarks: _____