



IMPORTANT: Please read before completing the Resource Aid Form.

ISOS works in collaboration with social service agencies and local Muslim organizations to fulfill the emergency aid request. You must have already applied to them, as your referral, before requesting aid from ISOS. If you have not done so, click on the link below that provides a list of some of the available agencies.

[Self Sufficiency Resources](#)

Before completing the Resource Aid Form, you agree to the following, by checking off each item:

That you are a resident of Oregon State or SW Washington State .

That you have already applied to and received approval from another social service agency before applying for aid with ISOS. This is your Community Partner/Sponsor, which must remain available for support while ISOS services the case.

That you will be able to provide proof of current income and expenses along with the previous year's tax return.

That you can provide a clear outline of an action plan to achieve ability to be self-reliant.

If you are applying for disability, you must have an authorized agency that can provide us with monthly disability status.

NOTE: ISOS never gives aid in the form of cash.

Please complete every section of this application. If a question does not apply to your situation, enter N/A in that field. Fields with **red** border **must** be completed or the application will not be submitted. **If any section is left blank**, the application will be declined due to lack of information. ISOS needs a minimum of 1 week to respond to the request.

ISOS respects the privacy of all applicants. Any information you submit to us is only used internally by ISOS board members to determine eligibility. We assure you that we do not share your information with anyone without your knowledge/consent and all information submitted is kept strictly confidential.

ISOS is not to be held liable for any legal violation from the applicant for misuse of the funds and services rendered to them.



ISLAMIC SOCIAL SERVICES OF OREGON STATE (ISOS)
 10175 SW Barbur Boulevard, Suite 100BA, Portland, OR. 97219
 (503) 259-2320
 Resource Aid Form

PERSONAL INFORMATION

Today's Date: _____

Last Name: _____ First: _____ M. I. _____

Other Names Used: _____

Home Phone: _____ Mobile Phone: _____

Street Address: _____

City, State, & Zip: City: _____ State: _____ Zip: _____

How many months at this address: _____ Email: _____

Driver's License # or ID Card #: _____ Issuing State: _____

Date of Birth: _____ Gender: Male _____ Female _____

Ethnicity: _____

Languages Spoken: _____

RESIDENCE STATUS

Social Security #: _____ OR/WA Residence Since: _____

Green Card _____ Green Card #: _____

U.S. Citizen _____ Naturalization Date: _____

Other - Explain _____

MARITAL STATUS

Single	Married	Divorced	Separated	Widowed
# of people living with you? _____		# of people dependent on you? _____		
# of children living with you: _____	Please provide details below.			
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		

MARITAL STATUS (continued)

Is your marriage legally recognized by OR or WA state? Yes No

Legally divorced? Yes No Date of Divorce: _____

Legally separated? Yes No Date of Separation: _____

EMPLOYMENT STATUS

Employed	Unemployed	Self Employed
Employer's Name: _____		
Employer's Address: _____		
Employer's Phone: _____		
Length of Employment: Years: _____ Months: _____		
Can we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, please provide reason below.		

If unemployed, how long? Years: _____ Months: _____

If you are unemployed, are you enrolled in the following: (check all that apply)

[Apprenticeship Program](#)

[Work Source](#)

[Jobs Plus Programs](#)

Comments (if any):

FINANCIAL STATUS (Income)

Net Employment Income: _____	Unemployment Income: _____
Workman's Compensation: _____	Pension: _____
Veteran's Benefits: _____	College Financial Aid: _____
Work Study: _____	Child Support: _____
Alimony (Spousal Support): _____	Monthly Tanif: _____
Social Security Income: _____	Social Security Disability: _____
Family Assitance: _____	Food Stamps: _____
Monthly Rent Subsidy: _____	Section 8: _____
Income based rental discount: _____	
Other (Specify): _____	

FINANCIAL STATUS (Expenses)

Standard Monthly Expenses:

Rent/Mortgage:	_____	Electricity:	_____
Heating Gas:	_____	Water:	_____
Phone:	_____	Car Insurance:	_____
Car Payment:	_____	Transportation:	_____
Health Insurance:	_____	Medical Expenses:	_____
Food:	_____	Others:	_____

Other Expenses (Monthly and Non-Standard): Please itemize list for Monthly Standard - Other category and provide any Non-Standard items

Total Income: _____ Total Expenses: _____

How much financial aid is requested from ISOS? _____
How will the aid be used? _____

If applying for rental assistance, please include your Rental Lease contract.

Is this a one-time request? Yes No

Provide outline of your action plan to be self sufficient:

ACTIVE COMMUNITY PARTNERS / SPONSORS INFORMATION

Organization Name: _____

Case Worker: _____

Case Worker's Phone: _____ E-mail: _____

Type of Assistance Provided: _____

Organization Name: _____

Case Worker: _____

Case Worker's Phone: _____ E-mail: _____

Type of Assistance Provided: _____

Organization Name: _____

Case Worker: _____

Case Worker's Phone: _____ E-mail: _____

Type of Assistance Provided: _____

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document can warrant denial of request.

By typing my name in the electronic signature field, I am agreeing to conduct business with Islamic Social Services of Oregon State and any Community Partners/Sponsors listed in this form.

I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

Applicant Signature: _____ Date: _____

ADDITIONAL AVAILABLE RESOURCES

Depending on your need, here are some recommended resources.

Education and Training – Do you need to get a higher level of education or further training to increase your ability to earn more income?

- [Available grants for your education/training needs](#)

[Employment Support Services:](#)

Do you need to enroll in community work source center programs or find an industry recruiter for your profession?

[Affordable Housing:](#) Access to available housing

[Financial Budget](#)

[Training:](#) Are you having difficulty managing your current income with your expenses?

[Oregon Family to Family:](#) provides resources and services to those families with special needs children.

NEXT STEPS

1. Save your completed application to the local hard drive on your computer.
 2. If you are planning to submit the application via email, then attach the application to the email and send it to info@i-sos.org.
 3. If you are planning to submit the application by mailing it through U.S. Postal service, then print the application and mail it to:
Islamic Social Services of Oregon State
10175 SW Barbur Boulevard,
Suite 100BA,
Portland, OR. 97219
- Should you have any questions, please call ISOS Office at (503) 259-2320

FOR ISOS USE ONLY

Date: _____ ISOS Case Worker: _____

Approved – Details of the aid provided:

Not Approved; Reason: