

MUST PROVIDE & MAKE A COPY OF PICTURE ID

West Coast Islamic Society (WCiS)	
NEEDY FAMILY/FOOD BANK Application	
(Please allow 4 business days for response)	
Notes(Office Use Only)	
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NAMES OF ADULTS IN HOUSEHOLD:	:
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NUMBER OF CHILDREN:	
ADDRESS:	
CITY/ZIP CODE:	. t
TEL:	
DL/ID#:	
COUNTRY OF ORIGIN:	
HOW LONG HAVE YOU LIVED IN THE U.S.	
FAMILY INCOME(ALL)	
PERSONAL REFERENCE:	
TEL:	
REASON FOR NEED:	
WHAT ARE YOUR NEEDS:	
LINE OF WORK: ARE YOU WILLING TO WORK? YES/NO	
THIS INFORMATION WILL BE GIVEN TO WCIS REPRESENTATIVES AND GOVERNMENT OFFICIALS	
UPON THEIR REQUEST ONLY, AND WILL REMAIN CONFIDENTIAL TO THE PUBLIC.	
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I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT.	
SIGNATURE:	DATE:
PLEASE DO NOT WRITE BELOW THIS LINE. FOR WCIS USE ONLY	
Head of Financial Committee:	Date:
Officers Signature:	Date:
Amount of Donation:	Cash / Check / Other
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