



## WELLNESS CENTRE: APPLICATION FOR ASSISTANCE

All information provided will remain strictly confidential

<b>Date of Application (Year / Month / Day)</b>							
<b>SECTION A: Personal Particulars</b>				<b>Case Number (for office use only)</b>			
<b>Applicant</b>				<b>Spouse</b>			
Surname				Surname			
First Name				First Name			
ID/Passport No.				ID/Passport No.			
Age:				Age:			
Physical Address				Physical Address			
Postal Code				Postal Code			
Tel No. (Home)				Tel No. (Home)			
Tel No. (Work)				Tel No. (Work)			
Fax No.				Fax No.			
Cellular phone No.				Cellular phone No.			

<b>SECTION B: Details of Dependents</b>				
	Names	Age	Sex	Employer/School
1			M   F	
2			M   F	
3			M   F	
4			M   F	
5			M   F	
6			M   F	
7			M   F	
8			M   F	

<b>SECTION C: Employment</b>	
Are you employed (Yes / No)	
Name of employer	
Address of employer	
Postal Code	
<b>NB: If not employed, proof of unemployment to be submitted with application</b>	

<b>SECTION D: Other Assistance</b>		
Have you received or are you receiving assistance from any other person or organisation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, complete the following details		
Name of Source	Telephone Numbers	Amount
1		
2		
3		
4		

<b>SECTION E: Income (NB: proof of income, 3 months bank statements to be submitted with application)</b>					
	Salary	Pension	Grants	Other	Total
Applicant					
Spouse					
Children (1, 2, 3...etc)					

SECTION F: Expenditure (NB: proof of Expenditure to be submitted with application)					
Expenses		Amount	Expenses		Amount
1	Rent / Bond		8	Medical Expenses	
2	Electricity / Water		9	Food	
3	Rates & Taxes		10	Clothing	
4	Telephone / Cellular phone		11	Domestic	
5	Insurance		12	Monthly Subscriptions	
6	Hire Purchase		13	Other	
7	Madrasah / School Fees		14	Total Expenditure	

SECTION G: Assets & Liabilities					
Assets		Amount	Liabilities		Amount
1	Jewellery		1	Loans	
2	Cash in Bank		2	Car repayments	
3	Cash on hand		3	Other	
4	Motor vehicle		4		
5	TV /DVD / VCR / Hi-fi etc..		5		
6	Other Furniture		6		
7	Other		7		
<b>Total</b>			<b>Total</b>		

SECTION H: References		
Provide contact details of Imam / Sheikh / Moulana , other clergyman and two prominent persons of your area to whom reference may be made.		
Names	Address	Telephone / Cell No.
1		
2		
3		

SECTION I: Assistance Required	
1	Dentist (Dentures)
2	Optician (Spectacles)
3	Other

SECTION J: Dentures	
1	Do you currently wear dentures (Yes / No)
2	How old is your current set of dentures
3	Where was your last set made, e.g. private dentist; technician; state hospital
4	Who paid for the last set of dentures and when
5	If you do not wear dentures, why, e.g. they hurt; don't fit; weren't made correctly; doesn't look nice

SECTION K: Spectacles	
1	Do you currently wear spectacles (Yes / No)
2	How old is your current pair of spectacles
3	Where was your last pair made, e.g. private optician; state hospital
4	Who paid for the last pair of spectacles and when

**Declaration**  
 I, the undersigned confirm that the information supplied herein is true and correct and undertake to inform the Quloobul Moe'miineen Masjid of any changes that may arise in my financial position. I acknowledge that the Quloobul Moe'miineen Masjid has the sole right to grant or refuse assistance.

Applicant: ..... Witness: .....

Imam: ..... Chairman:.....

**GOODWOOD ISLAMIC SOCIETY – WELLNESS CENTRE**  
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