

# MCSS Relief Application



[support@mcssnewengland.org](mailto:support@mcssnewengland.org)  
Phone: 1-970-4MCSSNE

## MCSS Relief Application Backup Document Requirements

PLEASE PROVIDE REQUIRED DOCUMENTS:

**if you are applying for assistance with Rent:**

- Copy of eviction notice from court or landlord or a letter from landlord with details of rent owed and for what months.
- Copy of lease or rental agreement
- Copy of latest pay stub, or a proof of income (SSI, DTA, etc)

**if you are applying for assistance with Food:**

- Copy of latest pay stub, or a proof of income (SSI, DTA, etc)

**if you are applying for assistance with Utilities:**

- Copy of latest pay stub, or a proof of income (SSI, DTA, etc)
- Copy of latest utility bill or shut-off notice with account number.

**if you are applying for assistance with Car Repair:**

- Copy of car registration and Drivers license
- Itemized repair cost estimate from a recognized Repair shop

**MCSS WILL NOT PROCESS YOUR APPLICATION  
WITHOUT REQUIRED DOCUMENTS**

***On "Page 2," complete all questions accurately and fully.***

**MCSS Relief Application**  
**Fax to our Toll Free FAX # 1-866-802-6737**

NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(first) (last) (middle)

SOCIAL SECURITY (last 4 digits): \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_ MALE:  FEMALE:

CURRENT ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY: \_\_\_\_\_  
(street)  
STATE: \_\_\_\_\_, ZIP CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ TELEPHONE (CELL): \_\_\_\_\_

ARE YOU: SINGLE:  MARRIED:  WIDOWED:  DIVORCED:  **DTA Account Number:** \_\_\_\_\_

No. OF PEOPLE LIVING IN HOME: \_\_\_\_\_ No. OF CHILDREN: \_\_\_\_\_ FAMILY INCOME (TOTAL per WEEK): \$ \_\_\_\_\_

Will you receive monetary or other aid from other sources? Yes  No  *If yes, please provide the name of the source and an estimate of how much of your need will be covered by this funding source:*

Did you receive any help from MCSS in the past? Yes  No . If yes: How many times and when? \_\_\_\_\_

**Are you eligible to receive Zakaat Money: Yes  No  Don't know**

Currently Employed? YES  NO  Monthly Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

LANDLORD'S: Name: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Address: \_\_\_\_\_

**TYPE OF SUPPORT NEEDED** (attach additional sheet, if needed):  
[ ] Rent [ ] Food [ ] Utilities [ ] Car [ ] Other

**Are you delinquent in Rent/utility bill payment? If Yes, how many WEEKS?** \_\_\_\_\_

Please Describe Need in Detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If help is provided to you by MCSS, would you permit MCSS to publish your case without identifying you by name to solicit donations? Yes  No

**References:** (List the individuals who can provide information regarding your circumstances and indicate how long have you known each reference).

\_\_\_\_\_  
(Name, telephone, address)

\_\_\_\_\_  
(Name, telephone, address)

**Applicant's Relationship** if any, with the landlord, the references or the person filling out the application: Yes/No.

Explain if Yes: \_\_\_\_\_

**CERTIFICATION:**

I certify that all statements made in this application are correct and I agree to abide by the decision of the MCSS Inc. I understand that any documents submitted to MCSS with this application become the sole property of MCSS and will not be returned or transferred.

**Signature of Applicant:** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Person filling the Application:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_