



FIJI MUSLIM LEAGUE
BRANCH _____
WELFARE ASSISTANCE ASSESSMENT FORM

Name _____ F/N _____ Contact _____

DOB _____ Religion _____ Husband's Name _____

Residential Address _____ Type of Dwelling _____

Ownership of Dwelling _____ Rental (if any) _____

Occupation (State if Retired) _____

Employer's Name & Address _____

Number of dependents _____

Name	DOB	Relationship	Other Details
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Dependent Children Details

Brief Family History (Attach sheet if required) _____

Source(s) of Income _____

Total Family Income \$ _____ Other Sources of Support _____

Monthly Expenses: FEA \$ _____ Water \$ _____ Telephone \$ _____ Education \$ _____

Medical \$ _____ Re-payment \$ _____ Others (Specify) \$ _____ Total\$ _____

Nature of Assistance required _____

Signature of Applicant _____ Date _____

FOR OFFICIAL USE

Interviewer's _____ Alim _____

Recommendation _____

Signature of Official _____ Signature of Alim _____

Date _____ Date _____

Amount approved by the **League/Branch** \$ _____ (_____ amount in words)

..... PRESIDENT/SECRETARY/TREASURER
 SIGNATURE NAME OF OFFICIAL POSITION