

Greater Austin Muslim Relief Committee (GAMRC)

Humanitarian Assistance Application

First Name	
Last Name	
Address (full) + Apt #	
Complex Name	
Electricity Account #	
Phone	
Email	
Dependents	<p>Number of Dependents: (Must write wife's name in full) and all kids (use back of the page if needed)</p> <p>Dependents Data:</p> <p>Name: Age: Relationship: Wife</p> <p>Name: Age: Relationship:</p> <p>Name: Age: Relationship:</p> <p>Name: Age: Relationship:</p> <p>Name: Age: Relationship:</p> <p>Name: Age: Relationship:</p> <p>Name: Age: Relationship:</p> <p>Name: Age: Relationship:</p>
RST Case Worker	<p>Name:</p> <p>Phone:</p> <p>Is the case approved by RST? YES NO</p>
What is Covered by RST so far?	
Signature of applicant	

GAMRC: Nueces Mosque, ICGA, ICRR, ICBC, ICP & ICLT

(All the information above is REQUIRED)