

To ensure the proper distribution of Zakat funds, every applicant must submit clear copies of the following:

1. Photo ID: For the applicant, spouse and all dependants; Driver's License, State Issued ID or Passport.
2. Social Security Card (for all those that provided photo ID as identification).
3. Lease agreement (If renting).
4. Proof of income (i.e. last pay stub).
5. Other documentation that might help in the evaluation, such as medical reports, receipts, billing statements, etc.

**Complete ALL portions of this form.** Write clearly. (All information is confidential and intended only for restricted internal use by authorized Masjid personnel and used exclusively for evaluation for Zakat requests)

Name: \_\_\_\_\_ Applicant Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle one: Picture ID # or Driver's License #

**INFORMATION NEEDED FOR HEAD OF HOUSEHOLD/FAMILY**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

E – Mail: \_\_\_\_\_

Marital Status [Check One] : ( ) Single ( ) Married ( ) Divorced ( ) Widow

U.S. Citizen: [Check One] ( ) Yes ( ) No | If 'No, Immigration Status \_\_\_\_\_

**Total Monthly Income of ALL Persons in the Household:** \$ \_\_\_\_\_

Place of Residence: ( ) Own Your Home ( ) Rental Apartment ( ) Room Rental ( ) Shelter

( ) Low-income housing ( ) Other \_\_\_\_\_

**EXPENSES**

Rent: \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Describe \_\_\_\_\_

NUMBER OF FAMILY MEMBERS \_\_\_\_\_

Names of Family Members (including yourself)

Name	Age

**EMPLOYMENT STATUS** (circle one)

Full-time                      Part-time                      Unemployed                      Self-Employed                      Other

NEED: Detailed reasons for requesting assistance (please be specific) \_\_\_\_\_

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Have you applied for Zakat assistance before?    No ( ) Yes ( ) If so, when \_\_\_\_\_

**REFERENCES**

**Notice:** Please list at least two individuals—references who can confirm and verify the information you have provided on this application. References should not be immediate relatives, people who live with you, or current Zakat recipients.

Reference No. 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) I have read and understand the criteria for considering my application for Zakat. *(if yes, check box.)*

<b>OFFICE USE:</b>		
Form Submitted to Name:	Date:	
Approved: Yes    No	Paid: Cash	Check No.