



NIS ZAKAT ASSISTANCE APPLICATION FORM

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. Lease agreement (If renting).
3. Proof of income (i.e. last pay stub).
4. 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 # _____

REQUESTED AMOUNT OF ZAKAT: \$ _____ (maximum \$250)

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:

() OwnYourHome () Rental Apartment () Room Rental () Shelter () Low-income housing

() Other _____

EXPENSES

Rent: \$ _____ Utilities \$ _____

Other \$ _____ Describe _____



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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)

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

REFERENCES

Notice: Please list at least two individuals as 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: _____
Address: _____ City: _____ State: _____ ZipCode: _____

Reference No. 2

Name: _____ Phone: _____ Relationship: _____
Address: _____ City: _____ State: _____ ZipCode: _____

Applicant Signature _____ Date _____

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

| | |
|-------------------------------|----------------------------|
| OFFICE USE: | |
| Form Submitted to Name: _____ | Date: _____ |
| Approved: Yes [] No [] | Paid: Cash Check No. _____ |