

APPLICATION FOR ZAKAT

This application **WILL NOT** be processed if not completed and supporting documents are not provided

PERSONAL INFORMATION

A p p l i c a n t Name _____ Address _____ City/State/Zip _____ DL/ID # _____ DOB _____ E-Mail _____ Phone _____	S p o u s e Name _____ Address _____ City/State/Zip _____ DL/ID # _____ DOB _____ E-Mail _____ Phone _____
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Marital Status: Single Married Divorced Widowed Seperated

MEMBERS OF HOUSEHOLD

Name	Relationship	Age	Name	Relationship	Age

MONTHLY INCOME, EXPENSES & ASSET INFORMATION

INCOME	Applicant	Spouse	EXPENSES	
Empl. Income			Housing	
Govt Aid			Utilities	
SSI			Automotive	
Child Support			Food	
Family assistance			Medical	
Other (see below)			Other (see below)	

Describe Other items	Amounts

EMPLOYMENT (CURRENT OR MOST RECENT)

A p p l i c a n t Name & Adress of Employer Dates of employment Income Position: Wrk #	S p o u s e Name & Adress of Employer Dates of employment Income Position: Wrk #

REQUEST DETAILS

Which mosque do you attend? _____ Have you applied for Zakat? _____ How many times? _____

Explain the AMOUNT and NATURE of your request: _____

(Conintue on back if needed)

Name of Reference Phone Number Name of Second Reference Phone Number
 Please attach: 1) Photo ID, 2) Bank statements, 3) Documents relevant to your request; bills or notices.
 All documents submitted become the property of the receiving organization.

I (We) certify that all the above information is true and correct and hereby authorize the verification of information and the sharing of my (our) personal information between institutions that handle zakat.

Name of Applicant	Signature	Date	Name of Spouse	Signature	Date
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Explanation (continued): _____

For Office Use Only

Interviewer comments: _____ **Date:** _____

Decision:

- | | | |
|---|---------------|--------------|
| <input type="checkbox"/> Approved | Check # _____ | Amount _____ |
| <input type="checkbox"/> Denied | Check # _____ | Amount _____ |
| <input type="checkbox"/> Request more information | Check # _____ | Amount _____ |
| <input type="checkbox"/> Referred to: _____ | Check # _____ | Amount _____ |

Comments: _____ **Date:** _____

Signature: _____