ZAKAT APPLICATION

PLEASE PRINT- *All information is required. Incomplete application will result in delays in processing and/or decline of your application.*

Section I. Applicant Information

Date:_____

LAST NAME: **FIRST NAME:** **M.I.** **AGE**

HOME ADDRESS 1 (House Number, Street Name, and Unit Number):

CITY: **PROVINCE:** **POSTAL CODE:**

HOME PHONE NUMBER: **CELL PHONE NUMBER:** **GENDER:** ☐ Male ☐ Female

PROFESSION: **EMPLOYER:**

WORK ADDRESS (Building Number, Street Name, Suit Number):

CITY: **PROVINCE:** **POSTAL CODE:**

WORK PHONE NUMBER: **E-MAIL ADDRESS:**

HIGHEST DEGREE EARNED: ☐ High School Diploma ☐ Bachelor's ☐ Master's ☐ other _____

LEGAL STATUS: ☐ Citizen ☐ Resident ☐ Other _____

Monthly Gross Income $.

SOURCES OF INCOME: ☐ Working ☐ SS ☐ Child Support ☐ Government Programs ☐ other_____

Section II. Spouse Information

LAST NAME: **FIRST NAME:** **M.I.** **AGE**

HOME ADDRESS 1 (House Number, Street Name, Unit Number):

CITY: **PROVINCE:** **POSTAL CODE:**

HOME PHONE NUMBER: **CELL PHONE NUMBER:** **GENDER:** ☐ Male ☐ Female

PROFESSION: **EMPLOYER:**

WORK ADDRESS (Building Number, Street Name, Suit Number):

CITY: **PROVINCE** **POSTAL CODE:**

WORK PHONE NUMBER: **E-MAIL ADDRESS:**

HIGHEST DEGREE EARNED: ☐ High School Diploma ☐ Bachelor's ☐ Master's ☐ other _____

LEGAL STATUS: ☐ Citizen ☐ Resident ☐ Other _____

Monthly Gross Income $.

SOURCES OF INCOME: ☐ Working ☐ SS ☐ Child Support ☐ Government Programs ☐ other_____

Section III. Other Household Members

LAST NAME: FIRST NAME: M.I. AGE
RELATIONSHIP: LIVE WITH YOU OR YOUR SPOUSE
☐ You ☐ Your Spouse

LAST NAME: FIRST NAME: M.I. AGE
RELATIONSHIP: LIVE WITH YOU OR YOUR SPOUSE
☐ You ☐ You're Spouse

LAST NAME: FIRST NAME: M.I. AGE
RELATIONSHIP: LIVE WITH YOU OR YOUR SPOUSE
☐ You ☐ You're Spouse

LAST NAME: FIRST NAME: M.I. AGE
RELATIONSHIP: LIVE WITH YOU OR YOUR SPOUSE
☐ You ☐ You're Spouse

LAST NAME: FIRST NAME: M.I. AGE
RELATIONSHIP: LIVE WITH YOU OR YOUR SPOUSE
☐ You ☐ You're Spouse

Section IV. Monthly Expenses

Monthly Mortgage/Rent Payment $.

Monthly Utilities Payment $.

Monthly Telephone/ Cable/ Internet Payment $.

Monthly Car Payment (include Insurance) $.

Monthly Medical Expenses (if applicable) $.

Monthly Credit Card Payment (if applicable) $.

Other Monthly Payment _____ $.

Other Monthly Payment _____ $.

Other Monthly Payment _____ $.

Other Monthly Payment _____ $.

Section V. Reason for Request

Briefly Describe Exact Reason(s) for Requesting Assistance:

How much assistance are you requesting? **$** _____

Section VI. Other Information

1. Have you received assistance from any other sources? _____

2. If YES give name(s) addresses(s) & phone numbers of those other sources.

NAME	ADDRESS	CONTACT PHONE NUMBER

3. If you answered YES to #2, what was the amount received | | | | | | | | | |

4. Which Masjid do you attend? _____

Section VII. References:

Please list 2 or more references:

NAME	ADDRESS	CONTACT PHONE NUMBER

PLEASE READ BEFORE SIGNING

1. I authorize the Islamic Society of Cumberland to verify the information in this application.
2. I understand that any additional information I may provide or any documents that may be requested by the Islamic Society of Cumberland will be subject to verification.
3. I understand that I may be required to present proof of all my statements upon request.
4. I am aware that due to Islamic regulations, Islamic Society of Cumberland Zakat Fund guidelines and my circumstances that the assistance I request may not be available.
5. I _____ certify that the information given on this application is true, correct and complete to the best of my knowledge. I also acknowledge that I stand before Allah in truth and that Allah is my witness to truth.

Surah 9 Ayat 119 "O ye who believe! Fear Allah and be with those who are true (in word and in deed)".

If you knowingly give false information on this application you may be subject to disqualification and you may forfeit your right to assistance.

ASSISTANCE PROVIDED MAY BE IN THE FORM OF ZAKAT, FOOD MONEY, CLOTHING, COUNSELING, AND/OR REFFERALS TO GOVERNMENT FUNDED PROGRAMS (AS NEEDED ACCORDING TO CIRCUMSTANCES).

SIGNATURE_____DATE_____

DOCUMENTS REQUIRED MAY INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

1. *Completed Zakat Application*
2. *Previous Year Income Tax Form*
3. *Most Recent 4 Weeks Pay stubs or Last Pay stub before Job Termination*
4. *Verification of all sources of Income*
5. *Verification of Municipal/federal Assistance*
6. *Verification of Zakat from Other Islamic Organizations*
7. *Copy of Utility Bill s if Applying for Utility Assistance*
8. *Copy of Mortgage or Rental Agreement if applying for mortgage or rental assistance*

ZAKAT APPLICATION

Section VII. Evaluation / Decision (FOR OFFICIAL USE ONLY)**:**

Date received: _____ Received by: _____

Case number assigned: _____ Case assigned to: _____ _____

Type of assistance requested (specify amount for each checked items):

		TYPE OF ASSISTANCE REQUESTED			
		ZAKAT	SADAQAA	QARDE-HASSANAH	OTHER (please Explain)
Number of Children in family		☐	☐	☐	
Number of Adults in family		☐	☐	☐	
Date(s) assistance needed		☐	☐	☐	
Number of times needed		☐	☐	☐	
Amount(s) Requested		☐	☐	☐	
Amount(s) proposed		☐	☐	☐	
Amount approved by Zakat Committee		☐	☐	☐	

Reason for Assistance Requested _____

Applicant residence

City		**Prov**	

Gender ☐ **Male** ☐ **Female**

Marital Status ☐ **Married** ☐ **Single** ☐ **Separated** ☐ **Divorced**

☐

Income Disclosure: Applicant Income $ _____ Household Income $ _____

Copy of Paycheck/Stub included ☐ **Yes** ☐ **No**

APPROVED: ☐ YES ☐ NO **Date** _____

Zakat Committee Voting Result:

Voting Date	Total Votes Solicited	Total votes received	**Voting Outcome**		
			YES	NO	ABSTAIN

SIGNATURE Zakat Committee Chairperson_____DATE_____