



In the Name of Allah, The Beneficent, The Merciful

Financial Assistance Application (Zakat)

OFFICE USE ONLY

Important:

1. Submit completed applications to the Zakat box in ICCD or to a Zakat Committee Member.
2. Each applicant is allowed **ONE** request per six months.
3. For identification purposes the following are required to qualify for assistance:
 - a) Original Photo ID (government-issued)
 - b) Proof of applicant's current address (rental lease or utility invoice in applicant's name)
 - c) If working, earnings or payroll statement

Date Received: _____

Received By: _____

Amount Requested: _____

Zakat Committee Decision

_____ Approved

_____ Disapproved

Approved By: _____

Amount Approved: _____

Date Approved: _____

PERSONAL INFORMATION (REQUIRED)

Name			
Date of Birth			
Address	(Street)	(City)	(State) (Zip Code)
Social Security Number	Last 4 digits only XXX - XX -		
Phone	(Home)	(Work)	(Cell)
Marital Status <i>Select One</i>	(Single)	(Married)	(Divorced) (Widowed)
Gender <i>Select One</i>	(Female)	(Male)	
Driver's License or Identification Card	(Issuing State)	(Number)	(Expiration Date)
Preferred Language (if not English)			

Payment:

_____ Check #

_____ Cash

Date Provided: _____

PLEASE LIST ALL DEPENDENTS IN YOUR HOUSEHOLD (REQUIRED)

Name	Age	Relationship

Zakat Committee Approval (at least 3 required):

REASON FOR APPLYING (SPECIFY)

REQUESTING AMOUNT _____

(Please complete sections on the back)

Please list two people who can confirm the above personal information you provided on this form:

Name	Phone Number / Email Address	Relationship (Relative/Friend/Coworker, etc.)

I, the undersigned hereby declare that the information given above is true and correct to the best of my knowledge, Allah is my witness.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY: Confirm any known financial assistance received below

Type	Check for "Yes"	Amount per Month
NY State Medicaid		
Medicare (over 65)		
NY State Children's Health Insurance Program (CHIP)		
Social Security Supplemental or Disability Insurance		
Section 8 Housing Assistance		
Food Pantry		
Low Income Home Energy Assistance Program (LIHEAP)		
Supplemental Nutritional Assistance Program (SNAP) – food stamps/WIC		