



In the Name of Allah, The Beneficent, The Merciful

Financial Assistance Application (Zakat)

Important:

1. Completed applications should be submitted before interviews on Sunday at 1:30pm.
2. All applicants must be present in person for interview.
3. Each applicant is allowed only one visit in three months.
4. For identification purposes the following are required to qualify for assistance:
 - a) Original Photo ID.
 - b) Valid proof of applicant's current address.

Person Information:

Name _____ Birthday _____ Social Security # _____
 Address _____ City _____ State _____ Zip _____
 Phone: Home _____ Work _____ Cell _____ Email _____
 Marital Status: Single Married Divorced Widowed Gender: Male Female
 Driver License or State Issued ID: Issuing State _____ Number _____ Valid Thru _____

Financial Sources & Refence:

Are you receiving any financial help on monthly basis? Yes No
 If yes, which institution _____ Amount \$ _____
 Masjid/Islamic Center you attend frequently _____ Phone _____

Reference: List two people who can substantiate the information you provided above:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Reason & Authorization:

Reason for applying (specify) _____

 _____ Requesting Amount \$ _____

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 _____

FOR ICCD USE ONLY - COMMUNITY ASSISTANCE PROGRAM COMMITTEE DECISION

Application Approved: Yes No If No, reasons for denial _____

Signature of at least three Zakaat Committee Members:

1 _____ 2 _____ 3 _____ 4 _____

Islamic Center Info:

Address
 21 N Lansing Road
 Schenectady
 NY 12304

Phone
 (518) 370-2664

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 (518) 370-2686

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Email
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 (518) 728-7539