

**Zakah Foundation of Dar-us-Salaam**

5301 Edgewood Rd, College Park, MD 20740 | zakah@darussalaam.org | 301-551-5114

Office Use Only App ID: _____ Case #: _____
--

## Zakah Request Form

Please include the following documents with your application. Missing documents or information **may delay your application's processing time.**

- Copy of photo ID **AND** Social Security card
- Copy of past 2 pay stubs
- All supporting documents concerning condition (bills, medical documents, etc.)

**Personal Information: (All fields are required)**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Current Driver License #: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

Citizenship/Visa Status:  US Citizen  Permanent Resident  Other \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Widowed  Single

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse address same as above:  Yes  No Telephone Cell: \_\_\_\_\_ Work: \_\_\_\_\_

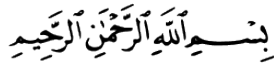
Dependents and Other Persons in Household:

Name	Relationship	Date of Birth

**Financial Information: (All fields are required)**

Monthly Income From All Sources in Household: \_\_\_\_\_

Net Value of All Assets: \_\_\_\_\_



**Zakah Foundation of Dar-us-Salaam**

5301 Edgewood Rd, College Park, MD 20740 | zakah@darussalaam.org | 301-551-5114

Check all that apply, with amount:

SSI \_\_\_\_\_  Food Stamps \_\_\_\_\_  Child Support \_\_\_\_\_

Temporary Cash Assistance \_\_\_\_\_  Other Aid \_\_\_\_\_

Monthly Expenses:

Rent or  Mortgage: \_\_\_\_\_ Utility/Water: \_\_\_\_\_

Car Payment/Insurance \_\_\_\_\_ Health Insurance/Medical Expenses: \_\_\_\_\_

Other \_\_\_\_\_

Previous Masjid/Organization Assistance:

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Financial Need: (All fields are required)**

Zakah Amount Being Requested: \_\_\_\_\_

Please explain the reasons for requesting zakah. You may attach an additional page if needed. Please print clearly:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References: (All fields are required)**

List at least 2 persons who can verify your condition (Must **NOT** be a family member or member of household):

_____	_____	_____
Name	Phone	Relationship to you
_____	_____	_____
Name	Phone	Relationship to you

**Notice of Discloser and Waiver: (All fields are required)**

I testify that the information provided is true to the best of my knowledge and that I am in need of the zakah money requested. I attest to not having any savings, retirement plans, stocks, bonds, or other assets. I understand that I will be held accountable for the truthfulness of these statements on the Day of Judgment. I testify that I am not involved in any illegal or un-Islamic activities. I understand that the Zakah Foundation, at its discretion, may disclose information of illegal, un-Islamic, or fraudulent activity to any organization, individual, or community.

I give permission to the Zakah Foundation of Dar-us-Salaam to contact my references and any other masjid or service organizations in order to verify and/or supplement the information I have provided above. I grant consent to these organizations to disclose, at their discretion, any information that might be used to determine eligibility for aid. I also grant permission to Zakah Foundation of Dar-us-Salaam to disclose my information to any masjid or service organization that I may apply to in the future, at their discretion, for the purposes of assisting in determining eligibility for aid.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_