

# Zakaria Islamic Academy Zakah Application

Last Name, First Name (Please print in capital letters)

Date

Driver's License #

Legal Status:  Citizen  Permanent Resident

Other (Explain):

Contact Information:

Employment Information:

( )

Home Phone

Email Address

Name of Company

Job Title

Home Address

Company Address

City

State

ZIP Code

Marital Status

Mosque Attended

## Additional Members of Household (Include adults Living in the house)

Name	Relationship	Age (if over 17, please include income)
	Spouse	

## Financial Information

Monthly Gross Income		Monthly Expenses		Assets	
Source	Amount	Item	Amount	Item	Amount
Work		Rent/Mortgage		Checking	
SSI		Utilities		Savings	
Child Support		Phone		IRA	
Govt. Support		Car Note + Ins.		Pension Fund	
Spouse Income		Food		Stocks/Bonds	
Other Masajids		Transportation		Property Equity	
Charity Org.		Medical		Other	
Food Stamps		Credit Cards			
Other		Other			
Total:		Total:		Total:	

## Zakah Request

Please list bills/other expenses with amounts which will be paid from Zakah funds:

\_\_\_\_\_

\_\_\_\_\_

Have you or your family member received or applied to ADAMS or other source for financial assistance?  Yes  No

If yes, please list each source and amount:

### For Official Use Only

Date Received: \_\_\_\_\_ New? \_\_\_\_\_ Repeat? \_\_\_\_\_ Decision:  Approved  Deferred  Denied

Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

**References**

\*Must be familiar with applicant's situation (References will be preferred if known to ZIA also).

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

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

**Please carefully read the following before signing**

Applicant accepts and testifies to the following:

1. \_\_\_\_\_ has permission to verify information provided by the applicant from appropriate sources.
2. Applicant has provided true and complete information to the best of his/her knowledge and it may be disqualified for assistance if he/she knowingly provides false information on the application.
3. Applicant may be required to present all supporting documents, IRS filings, letter of "Future Planning" and/or "Recommendation letter from local Masjid" upon request.
4. Applicant will not submit original bills or documents (Only photo copies please).
5. Application is accompanied by a copy of applicant's driver's license. Incomplete applications may be declined or deferred.
6. Name of Mosque will put forth its greatest efforts to provide the best possible assistance based on individual's circumstances. Interfering factors include Zakah regulatory constraints, limited or unavailable funds. The decision made by the Zakah Committee will be final and it will not be provided in writing.
7. The requested assistance will be in the form of Zakah check, food certificates, counseling, and/or referrals to government funded programs depending upon applicant's circumstances.
9. Applicant is responsible for reporting Zakah assistance to the IRS and other government agencies.
10. The Zakah Committee may take up to 15 business days for processing and approval.
11. This application is valid for three months only, after which applicant may reapply if hardships persist.
12. Applicant acknowledges that he/she stand before Allah (SWT) in truth and Allah (SWT) is his/her witness.  
 "O you who believe! Fear Allah (SWT) and be with those who are true (in words and deeds)." (9:119)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_