



ZAKAH APPLICATION FORM

PART 1. ZAKAH APPLICANT'S INFORMATION

Name: <i>First</i> _____		<i>Middle</i> _____	
<i>Last</i> _____		Date of Birth: _____	Gender _____
Address: _____		City _____	ZIP: NY _____
Legal Status: Citizen, PR, Other: _____			
Marital Status: Married		Divorced	Widowed
Single		Tel: () _____	
Number of children living with you: _____			
Driver's License/ID Number & Expiry date _____			

PART 2: ZAKAH APPLICANT'S FINANCIAL INFORMATION

A. Do you or any of your household family member,			
Currently Employed?	<i>yes</i>	<i>no</i>	Total monthly wage: \$ _____
Receive government or other support?	<i>yes</i>	<i>no</i>	Total monthly support: \$ _____
Own property other than your primary resident?	<i>yes</i>	<i>no</i>	
Have more than \$ 5000 in cash?	<i>yes</i>	<i>no</i>	
Own more than 3oz of gold Jewelry or gold?	<i>yes</i>	<i>no</i>	
B. Check that best describes your need:			
_____ Financial difficulty	_____ Funeral	_____ Medical	
Other _____			
C. Amount Requested: \$ _____			
D. Brief Description of the Need:			

Continue to next page, PART 3 =>

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Application reviewed on ____/____/____		Reference Contacted: yes no
Application Reviewed by	_____ Application Approved Amount: \$ _____	
_____	_____ Application Disapproved	
_____	Reason for disapproval:	

Committee Representative's Name and Signature:		

Please note that Zakah is a religious obligation and the recipient of Zakah must fulfil eligibility criteria to qualify. For us to review your Zakah application, the Zakah eligibility must be confirmed and certified by an Imam or representative of your local Islamic/Muslim Community Organization. Please make sure that following information, PART 3, is completed and signed by your area imam or the Muslim community representative. Please note that incomplete applications cannot be processed.

PART 3: CERTIFICATION OF ZAKAH ELIGIBILITY BY AREA MASJID REPRESENTATIVE

Following is completed by the local Imam/Community Representative.	
Name of the Imam/Community Organization representative: _____ Title: _____ Phone number where ISNF Zakah committee can reach you for confirmation: () _____ Additional Comments, if any _____ _____ _____	Name and Address of the Masjid/Community Organization the applicant belong to: _____ _____ _____ _____
I hereby certify that _____ is eligible for Zakah funding.	
_____ Imam/Recommender’s Signature & Date	
Official Seal of the Organization	

“I hereby declare that there is no deity worthy of worship but Allah (S.W.T.), and Muhammad (S.A.W.S.) is Allah’s last and final messenger. I testify in front of Allah (S.W.T.) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakah.”

Signature of the applicant: _____ Date: _____

IMPORTANT CHECK LIST:

- ✓ Make sure that all your information is complete in PART 1 and PART 2.
- ✓ **Part 3 MUST be completed by the applicant’s area masjid Imam or Muslim community organization official. No applications will be processed without Part 3 completed.**
- ✓ Please attach a copy of valid ID (passport, driver’s license or other official picture ID).
- ✓ If you are not an US citizen or green card holder, please attach proof of legal stay in the USA.
- ✓ Please note that an incomplete application will not be processed.

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NOTE: