



Zakat / Sadaqat Assistance Eligibility Form

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NOTICE OF CONFIDENTIALITY: This Zakat Form includes highly personal and confidential Information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakat requests. Unauthorized use, copying, distribution or dissemination is strictly prohibited.

INSTRUCTIONS: Kindly help us to help those in need of Zakat. Please provide accurate and detailed information so we may evaluate Zakat requests in a timely and effective manner.

Incomplete Forms will NOT be Considered

Please bring the following documents with you to expedite your application for assistance:

1. Photo ID
2. Social Security Card
3. One month's pay stub
4. Most recent income tax return
5. Most recent bank statements, checking, and savings
6. Rent Receipt
7. Any other bills, eviction notices, etc.

Date: _____

Section 1: Applicant's Demographic Data

First Name:	Last Name:	Middle Initial:	
SSN:	Driver's License / ID Number:		
Address:			
City:	State:	Zip:	Home Phone:
Cell Phone:	Email:	Age:	Gender:

Section 2: Applicant’s Circumstances

Number of Dependents: _____

For the following questions please circle the appropriate answer:

Place of Residence: Own Home Rental Apartment Subsidized Housing Shelter Other

Means of Transportation: Own Automobile Public Transportation Other

Employment Status: Full-Time Part-Time Unemployed Self-Employed

If employed, where: _____

Job Title: _____

Supervisor Name: _____

Supervisor Phone #: _____

Marital Status: Single Married Divorced Widowed

If married, name of spouse: _____

Is your spouse currently employed? Yes No

If yes, where: _____

Job Title: _____

Health Insurance: Insured Uninsured Public Aid Medicaid/Medicare Other

Education: College Grad or More Some College High School Grad
 Some High School No High School Unknown

Statement of Circumstance: (Please describe reason for which Zakat aid is sought. State the reason you are in need and how much you need. How this assistance from the IAGM Zakat fund will meet your needs.)

Section 3: Need Assessment (Approximate) and Prior Zakat Receipt History

Total household monthly income: _____

Total household monthly expenditure: _____

Total value of savings (cash/stocks/ jewelry, etc.) _____

Loans/debt you owe: _____ Due Date: _____

Organization Zakat was received from: _____

Amount Received: _____ Date Received: _____

Section 4: Aid History

Please check any of the following aid you have received within the last calendar year:

<input type="checkbox"/>	Food Stamps / Link Card
<input type="checkbox"/>	Social Security Benefits or Supplemental Security Income (SSI)
<input type="checkbox"/>	TANF (Temporary Needy Family Assistance)
<input type="checkbox"/>	Medicaid (State) / Medicare (National)
<input type="checkbox"/>	Subsidized Housing, Public Housing
<input type="checkbox"/>	Shelter
<input type="checkbox"/>	WIC (Women, Infant, Children) Food Supplementary Program
<input type="checkbox"/>	Mother and Child Program
<input type="checkbox"/>	Energy Assistance Program
<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Government Student Loans / Scholarships
<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Other (Please specify):

Section 5: References

Please list the names and phone numbers of anyone with whom you are familiar with, and can substantiate the information you provided above.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I testify in front of Allah (SWT) that the application information provided on this form is true and accurate to the best of my knowledge and I give consent to background checks regards medical/confidential information to be released to IAGM Zakat and Sadaqat Fund Committee.

Applicant Name: _____ Signature: _____ Date: _____

(For Office Use Only)

File/Reference Number: _____

IAGM Zakat/Sadaqat Committee's Comments:

Funds from: Zakat / Sadaqat / Other: _____

Signature: _____
(Chairman's Signature)

Date _____

Other Committee Members' Signatures

Approved:

Date Paid: ___ / ___ / _____

Signature: _____

Amount Paid: \$ _____

Check Number: _____

Rejected:

Reason for Rejection, if any: _____

Is the applicant eligible to apply in the future: Yes:

No:

If you have any questions about the approval/rejection of Zakat application, please contact the Zakat and Sadaqat Fund committee directly.

The IAGM Zakat and Sadaqat Fund Committee