

**Islamic Center of Maryland**  
**19411 Woodfield Road**  
**Gaithersburg, MD 20879**  
**Tel: 301 840 9440**  
**Fax: 240 715 1018**  
**www.icomd.org**

ICM Social Services Committee  
Application for Assistance  
Zakat Application

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

1. Photo ID for all adults
2. SS cards for all family members
3. One month's pay stubs
4. Most recent income tax return
5. Most recent bank statements, checking and savings account
6. Rent receipt
7. For counseling only skip Section IV.
8. Any other relevant documentation.  
*For example: medical bills, letter of termination from work, etc.*

Please fill out all sections completely

**Section I:** Type of assistance needed (check all that apply)

- |               |                          |                                   |                          |
|---------------|--------------------------|-----------------------------------|--------------------------|
| Rent          | <input type="checkbox"/> | Marital issues/ Domestic violence | <input type="checkbox"/> |
| Medical       | <input type="checkbox"/> | Shelter / homelessness            | <input type="checkbox"/> |
| Counseling    | <input type="checkbox"/> | Drug, alcohol use / addiction     | <input type="checkbox"/> |
| Utility Bills | <input type="checkbox"/> | Spiritual concerns, depression    | <input type="checkbox"/> |
| Food          | <input type="checkbox"/> | Other (explain in Section V)      | <input type="checkbox"/> |

Today's date \_\_\_\_\_

**Section II: Personal Information**

Legal Name: \_\_\_\_\_ Male   
*Last name first middle name* Female

Other name(s) you use: \_\_\_\_\_

Legal residency status:

US citizen

Green card holder (resident alien)

Undocumented/ illegal

Other \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
*Street city state zip code*

Home phone # \_\_\_\_\_ cell phone # \_\_\_\_\_ work phone # \_\_\_\_\_

Email address \_\_\_\_\_

Are you currently employed? Yes

No

If yes, where \_\_\_\_\_  
*Address job title*

What masjid/mosque do you attend? \_\_\_\_\_

Have you ever received assistance from ICM before? Yes

No

If yes, explain how much and when \_\_\_\_\_

Have you received or are you currently receiving financial assistance from another source? If so, explain  
\_\_\_\_\_

**Section III: Family Information**

Your marital status: Married

Separated

Divorced

Widowed

Single

If married, name of spouse \_\_\_\_\_

Is your spouse currently employed? Yes

No

If yes, where \_\_\_\_\_  
*Address job title*

