



Islamic Center of Maryland

Paving the Way to Enlightened Hearts!

19411 Woodfield Road, Gaithersburg, MD 20879
www.icomd.org | 240.912.4976 | zakat@icomd.org

Zakat Application

This application can also be found at www.icomd.org/zakat

This form is to be used for providing financial assistance to any **Muslim** who is zakat-eligible. The form must be completed in its entirety along with submission of all supporting documentation. The application cannot be processed without all the required documents.

Application can be submitted by the applicant in person at the ICM Office or via mail.

You authorize ICM to share, report and verify information provided on this form for the purposes of this request with any local, state, and federal organizations, including other Islamic organizations and Masjids as needed.

Please allow at least two weeks for the Zakat Committee to review your application.

Required Documents – Must be provided to complete application

- Zakat Application – fully complete with signature.
- Copy of a valid government issued photo ID (i.e. Driver's License, Passport)
- Copy of any outstanding bills you are requesting help for (Water, Electricity, Gas, etc.)
- Copy of Lease, late & court notices if requesting rental help. Showing monthly amount.
- Copies of latest **FULL** bank statements of all family members.
- Copy of latest **FULL** credit card statements of all family members.
- Proof of all current family income.

NOTE:

- Please **do not** send photos of documents but proper copies or scanned PDFs
- Please use additional sheets of paper to provide details for any of the information requested below.
- Upon review of application, ICM may request more documentation to determine eligibility.

PERSONAL & FAMILY INFORMATION

Applicant Name:		DOB:
Spouse's Name:		DOB:
Address:		
Phone:	Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Have you applied to ICM before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (denied)		
Date Applied:	Have you applied to Organizations recently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Received:	If Yes, provide details on the last page.	

FAMILY FINANCIAL DETAILS (Applicant, Spouse and Children)
Please provide monthly amounts for all family members

INCOME - Monthly	AMOUNT	EXPENSES - Monthly	AMOUNT
Salary from Work	\$	Rent/Mortgage	\$
Social Security Income (SSI)	\$	Utilities - Phone/Water/Electricity/Gas	\$
Child Support	\$	Debt	\$
Food Stamps	\$	Health Insurance	\$
Subsidized Housing	\$	Groceries/Food	\$
Other Income	\$	Other (explain)	\$
Family/other Zakat support	\$	Other (explain)	\$
TOTAL	\$	TOTAL	\$

AMOUNTS REQUESTED

Rent	\$	Food	\$
Medical	\$	Other Needs	\$
Total Requested			\$

FAMILY & DEPENDENT INFORMATION

No.	Name	M/F	Age	Relationship to you
1				
2				
3				
4				
5				
6				
7				
8				

REFERENCES (Please provide names of who can be contacted for verification purposes)

Name	Phone	Relationship to you

REASON FOR APPLYING FOR ZAKAT

Applicant Name:

PERSONAL STATEMENT

As Allah is my witness I accept and testify to the following:

1. ICM may share and verify ALL information contained in this application with other organizations.
2. Information on this application is true and complete to the best of my knowledge.

Signature:

Date: