

Islamic Center of Maryland
19411 Woodfield Road
Gaithersburg, MD 20879
Tel: 240 912 4976
Fax: 240 715 1018
Website: www.icomd.org

CASE NUMBER: _____

Zakaat Application

Application for assistance

INSTRUCTIONS – Read Carefully

In order to expedite your application, please provide COPIES of the following documents:

1. Photo ID for all adults
2. SS cards for all family members
3. At least one month's pay stubs
4. Recent Bank Statement of Checking and Saving Account
5. Rent Receipt
6. Most recent Income Tax Return

If you are not from the Gaithersburg area, you must provide a letter from a Masjid located near you, stating their inability to help and referring your case to ICM for consideration.

SECTION I:

1) Describe in detail why you are looking for Zakaat Assistance and also indicate the type of Assistance you are looking for?

2) Did you apply for Zakaat Assistance in any other Mosque or Organization in the last 3 months? If yes, please describe.

3) If you lost your job, please indicate when you lost your job. Are you actively looking for a job or presently receiving unemployment benefit.

4) What is your total Household Income and the number of members in your family?

5) Do you receive any Social Security Benefits, Disability Benefits or any other financial assistance from any Government or Non-Government entity?

6) Did you file your Tax Return last year? Please attach a copy of the return, if not, please describe. (Copy of the Tax Return must be attached. Otherwise the Application will be rejected).

SECTION II: Personal Information

Legal Name: _____ Male Female
First Middle Last

Other name(s) you use: _____

Legal residency status:

US citizen
Green card holder (Permanent Resident Alien)
Other _____ (Explain)
Undocumented

Social Security # _____ Date of Birth: _____ / _____ / _____
day month year

Address: _____
Street City State zip code

Telephone: Home # _____ Cell # _____ Work # _____

E-mail: _____

Are you currently employed? Yes ☒ No

If yes, where _____
Address job title

Name and location of Masjid/Mosque you attend? _____

Have you ever received assistance from ICM in past two years? Yes ☐ No

If yes, how much: \$ _____ and when: _____ (Date)

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

Number of children in household: 1 2 3 4 (circle)

	Child's name	Relationship	Date of birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

SECTION IV: Income and Expenses

Monthly Gross Income		Monthly Expenses		Assets	
Source	Amount	Item	Amount	Item	Amount
Work	\$	Rent/mortgage	\$	Checking	\$
SSI	\$	Utilities/Phone	\$	Savings	\$
Child support	\$	Food	\$	IRA	\$
Aid, Welfare, Food stamps	\$	Car payment	\$	Pension	\$
		Car insurance	\$		
Family assistance	\$	Medical expenses	\$	Stocks, bonds, funds	\$
Other sources	\$	Other	\$	Other	\$
Total	\$	Total	\$	Total	\$

SECTION V:

Explain the exact nature of your needs. Include any cash amounts you are requesting:

(Please use a separate sheet if more space is needed)

SECTION VI: References

Please list TWO people who can verify the information you have provided.

_____ Name	_____ Phone	_____ Relationship to you
_____ Name	_____ Phone	_____ Relationship to you

Please read the following statement carefully before signing.

I accept and testify to the following

1. ICM Social Services Committee may verify **ALL** information contained in this application from appropriate sources.
2. The information given on this application is true and complete to the best of my knowledge.
3. I acknowledge that I stand before Allah (SWT) in truth and Allah is my witness.
4. If knowingly I give false or misleading information on this application I may be disqualified for requested assistance.

Signed _____

Date: _____