



West Valley  
Muslim Association

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## ZAKAH APPLICATION FORM<sup>1</sup>

Name: \_\_\_\_\_

**Instructions:** Use the following checklist to make sure you have completed your application

- Yes, I have included **clear copies** of California Identification Card and / or Driver's License for: **myself**, my **spouse**, and all of my **minor dependents**.
- Yes, I have included copies of Social Security Cards for: **myself**, my **spouse**, and all of my **minor dependents**.
- Yes, I have included a copy of the Lease Agreement (if renting).
- Yes, I have included a copy of proof of income for: **myself**, my **spouse**, and my **family**.
- Yes, I have included all and any other documentation that might help in the evaluation of this application such as: medical reports, receipts, billing statements, etc.

**Important Notes:** Please read the following notes carefully before you continue.

- All 5 steps above need to be checked off in order for this application to be accepted.
- All provided documentation is considered the Zakah committee property and will not be returned to the applicant even if the application is denied. You may apply again every six months.
- Simply applying for Zakah does not mean automatic approval of the application.
- The committee will examine all provided information and will contact the references.
- All applicants who have submitted a complete application will be contacted.
- If you have any questions, please contact the **Zakah committee only**.

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<sup>1</sup> NOTICE OF CONFIDENTIALITY: This Zakah/Sadaqah Form includes personal and confidential information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakah/Sadaqah requests. Unauthorized use, copying, distribution or dissemination of the information provided in this application is strictly prohibited.

**1. APPLICANT'S INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License / ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed [check one only]

Masjid or Islamic Center / Organization you attend frequently or are associated with:

Do you speak English?  Yes  No; If No, What is your primary language? \_\_\_\_\_

If No, can you provide your own translator?  Yes  No

Your Nationality or Country of Origin: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

**2. APPLICANT'S CIRCUMSTANCES**

Have you applied for Zakah before?  Yes  No; If Yes, When? \_\_\_\_\_

Last Zakah you received: Date: \_\_\_\_\_ and Amount: \$ \_\_\_\_\_

Place of Residence:  Own Home  Rental Apartment  Shelter  Other: \_\_\_\_\_

Method of Transportation:  Own Automobile  Public Transportation  Other: \_\_\_\_\_

Employment Status:  Full-time  Part-time  Unemployed  Self-employed  Other: \_\_\_\_\_

Health Insurance:  Insured  Uninsured  Medi-Cal / Medicare  Other: \_\_\_\_\_

Education:  College Grad  Some college  High School  Other: \_\_\_\_\_

Why are you applying for Zakah ? (Use Extra Sheet if Necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. APPLICANT'S DEPENDENTS:** (include spouse, children, and relatives who are relying on you)

Number of Dependents Living with You: \_\_\_\_\_ Please list all.

FIRST NAME	LAST NAME	DATE OF BIRTH	SSN	RELATIONSHIP

**4. ASSESSMENT OF ALL INCOME AND AID HISTORY:**

Please check and fill any of the following income / aid you have received within the last calendar year. List all as monthly gross income:

Types of Income	Amount	Date Received
Salary from Job / Work	\$	
Social/Supplement Security Income(SSI)	\$	
Food Stamp / Link Card	\$	
Cal Work Comp	\$	
Subsidized / Low Income Housing, Public Housing	\$	
WIC (Women, Infants, Children) Program	\$	
Child Support	\$	
Medi-Cal (State) / Medicare	\$	
Alimony	\$	
Unemployment	\$	
Rahima	\$	
MCA	\$	
Other Masjid	\$	
	\$	
	\$	
TOTAL	\$	

**5. ASSETS OWNED BY THE HOUSEHOLD:**

Please check and fill with any of the assets you own:

Type of Assets	Value	Date Owned
House (Mortgage)	\$	
Business	\$	
Car(s)	\$	
Gold Jewelry	\$	
Bank Amount	\$	
TOTAL	\$	

**6. LOANS AND DEBT:**

Please list all loans and debt you owe:

Type of Loan/Debt	To Whom You Owe	Amount	Due Date
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL		\$	

(Use Extra Sheet if Necessary)

**7. ESTIMATE OF YOUR MONTHLY EXPENSES:**

Please check and fill any of the following monthly expenses you may have:

Type of Expenses	Amount
Rent	\$
Food	\$
Clothing and Laundry	\$
Transportation	\$
Utilities (Bills)	\$
School Expenses	\$
Other (specify)	\$
Other (specify)	\$
TOTAL	\$

