

ZAKAH / APPLICATION FORM¹

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 the 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.**

¹ 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: US _____, Immigrant from, _____ Other _____

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	\$	
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	\$

8. **REFERENCES:** (please read the following notes carefully before you continue)

- References should **NOT** be immediate relatives or people who live with you.
- References should **NOT** be current Zakah Receivers.
- References should **NOT** be any of the Zakat Committee Members, WVMA Finance personal, or WVMA Executive Committee Members who are involved in the application process.
- Please **list at least 2 names** of anyone whom you are familiar with, and who can confirm or verify the information you provided.
- Muslim references are preferred (at least one).
- **The committee will contact references for verification.**

1. Name: _____
Address: _____
Phone: _____
Relationship: _____

2. Name: _____
Address: _____
Phone: _____
Relationship: _____

3. Name: _____
Address: _____
Phone: _____
Relationship: _____

Did you check off all 5 requirements on the front page? If yes, then turn in your application. If not, then fix your application before turning it in. **If your application is missing any of the 5 requirements, IT WILL NOT BE CONSIDERED.**

9. **STATEMENT:** (please read the following statement and sign)

____ “I testify in front of Allah (swt) that the information provided in this application is true and accurate to the best of my knowledge. I agree that the information provided in this application is to be used by the Committee for Zakah for requests purposes only.”

(Applicant)

Name: _____
Signature: _____ Date: _____

(Person who is filling the form for the Applicant)

Name: _____
Signature: _____ Date: _____