



## ZAKAAT APPLICATION FORM

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

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact # \_\_\_\_\_

Occupation \_\_\_\_\_

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Age \_\_\_\_\_

# Of Dependents \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

### FAMILY INFORMATION: (Information about household living at above address)

	Name	Age	Relationship to Applicant
1			
2			
3			
4			
5			

Reason for seeking Financial Assistance:

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

Requested Amount \$ \_\_\_\_\_

TESTIMONIAL

I \_\_\_\_\_ testify that the above information is true and that I am in need of Zakaat Assistance .

Signature of Applicant: ..... Date: .....

APPROVED BY

**(1) Imam:**

Name: ..... Signature: .....

**(2) Social Services Representative**

Name: ..... Signature: .....

**(3) Other Shura Member:**

Name: ..... Signature: .....