



# Dar-us-Salaam

Zakat Foundation

CASE # \_\_\_\_\_

## ZAKAT FORM

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION BEFORE THE APPLICATION WILL BE REVIEWED:

- Copy of photo ID
- Supporting documents
- Pay stubs

### APPLICANT'S INFORMATION

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

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Social Security Number: \_\_\_\_\_ Current Driver License Number: \_\_\_\_\_

Citizenship/Visa Status: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

Ethnic Origin:  Caucasian  African-American  Hispanic  South East Asian  South Asian  Arab  
 European  African  Other

Do you belong to any religion?  Yes  No If yes, then state which one: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

### OTHER PERSONS IN HOUSEHOLD

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

### APPLICANTS FINANCIAL NEED

Zakat Amount Being Requested: \_\_\_\_\_

Explain your reason for requesting Zakat. Please print clearly. You may attach an additional page if needed.

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

**APPLICANT'S FINANCIAL INFORMATION**

Monthly Income (From all sources): \_\_\_\_\_

Net Assests (Value of your possessions): \_\_\_\_\_

Monthly Expenses : \_\_\_\_\_

Accommodations: Rent \$ \_\_\_\_\_ Or Mortgage \$ \_\_\_\_\_ Medical Bills \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ (Include rent payment) Other Expenses: \$ \_\_\_\_\_

Have you previously applied for Zakat from Dar-us-Salaam or any other organization?  Yes  No

Give Date, Amount Received and Name of Organization: \_\_\_\_\_

**I solemnly witness that the forgoing information is true to the best of my knowledge and I acknowledge the dire need of the zakat money requested. I attest to not having any savings, retirement plans, stocks, bonds, or other money. I understand that on the Day of Judgement I will be held accountable for the truthfulness of these statements.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WITNESSES:** You must provide two witnesses, including one IMAM of a local masjid. We the undersigned solemnly witness that there is no one deserving of worship but ALLAH and that Muhammad (Peace Be Upon Him) is His Messenger, and that the above information is true to the best of our knowledge.

1. Name: \_\_\_\_\_ 2.Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

<b>ZAKAT COMMITTEE DECISION:</b>	Amount Approved :
\$ _____	
Signature: _____	Date:
_____	
Zakat Committee Member	
Signature : _____	Date: _____
_____	
Zakat Committee Member	