

# SADAQAH / ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of SADAQAH / ZAKAT funds, **every applicant MUST** submit clear copies of the following:

1. Photo ID: For the applicant, spouse, and all dependents; Driver's License, State Issued ID or Passport.
2. Social Security Card (for all those that provided photo ID as identification).
3. Lease agreement (If renting).
4. Proof of Income (i.e. last pay stub).
5. Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements, etc.

**Complete ALL portions of this form.** Write clearly. (All information is confidential and intended only for restricted internal use by authorized West End Islamic Center (WEIC) personal and used exclusively for the SADAQAH / ZAKAT request.

APPLICANT AND FAMILY INFORMATION				
Last Name:	First:	M.I. :	Application Date:	
Date of Birth:	Social Security No. :		Picture ID # :	
Street Address:			Apartment/Unit # :	
City:		State:	ZIP:	
Phone(s):		E-mail Address:		
Marital Status [Check One]:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Immigration Status:		
Total Monthly Income of <b>All Persons</b> in the Household: \$				
Place of Residence[Check One]:	<input type="checkbox"/> Own Your Home	<input type="checkbox"/> Rental Apartment	<input type="checkbox"/> Room Rental	
	<input type="checkbox"/> Low-Income Housing	<input type="checkbox"/> Shelter	Other:	

EXPENSES	
Rent / Mortgage: \$	Groceries: \$
Utilities - Electric: \$	Utilities - Phone: \$
Utilities - Gas: \$	Gas for Car: \$
Car Insurance: \$	Health Insurance: \$
Alimony: \$	Other Describe: \$

NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF):	
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

**EMPLOYMENT STATUS (CIRCLE ONE)**

Full-Time	Part-Time	Unemployed	Self-Employed	Other
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**NEED:** Provide detailed reasons for requesting assistance, please be specific. Attach a separate sheet if more space is needed:

**Have you applied for SADAQAH / ZAKAT assistance before with WEIC?** ( ) Yes ( ) No

**If yes, when:**

**Are you receiving assistance from other organizations, provide name(s):**

**REFERENCES**

Please list at least **one (1) individuals—references** who can confirm and verify the information you have provided on this application. References should not be immediate relatives, people who live with you, or current SADAQAH / ZAKAT recipients.

<b>#1) Full Name:</b>	Relationship:
Address:	Phone(s):
<b>#2) Full Name:</b>	Relationship:
Address:	Phone(s):

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

( ) I have read and understand the criteria for considering my application for SADAQAH / ZAKAT (if yes, check box).

Applicant Signature:	Date Signed:
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**For Internal Use Only**

Review By: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

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