

# Zakat Application

## Muslim Organizations Common Assistance Request Form

Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: SINGLE, MARRIED, DIVORCED, WIDOWED. If married, please list all minor children

<u>Children</u>	<u>Age</u>	<u>DOB</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Address: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason left: \_\_\_\_\_

### Source of Income

Employed: \_\_N\_\_Y If Yes, where \_\_\_\_\_ Agency \_\_\_\_\_ if TANF: Office \_\_\_\_\_

CW-Name \_\_\_\_\_ Tel: \_\_\_\_\_ Case#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of assistance needed: \_\_\_\_\_

I certify that all the above information I/we provided are true, correct and complete to my knowledge.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Staff use only:

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

Received by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_