

Muslim Family Center, Zakat Application

Please fill out all information entirely, legibly, and accurately or delays will occur

Last Name	First	Middle	Date:
If not legal name, what is your legal name?			Driver's License #:
Date of Birth: / /			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other			<input type="checkbox"/> Div / Sep <input type="checkbox"/> Widowed
Telephone Numbers:	Home: _____	Email Address:	
	Mobile: _____	City, State, Zip:	
Home Address:			Job Title/Salary
Current Employer:			<input type="checkbox"/> Some High School <input type="checkbox"/> High School or GED Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Education Level:
English Proficiency:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Muslim
	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Other
	<input type="checkbox"/> Limited	<input type="checkbox"/> Speaking	

Household Members

Name	Relationship	Age (if over 18, include income)

References (Provide two references who can verify your condition)		
Name & Address	Phone	Relationship/Known since

Financial Summary

<i>Income Source</i>	<i>Amount</i>	<i>Monthly Expenses</i>	<i>Amount</i>
Work		Rent/Mortgage	
Social Security Income		Utilities	
Govt Support		Phone	
SNAP (Food Stamps)		Transportation	
Child Support		Food	
Other Masajid		Medical	
Savings		Debt	
Other		Other	

Zakat Request

(Please indicate how much zakat is being requested and for what for purpose)

<i>Need</i>	<i>Amount Requested</i>	<i>Need</i>	<i>Amount Requested</i>
Rent		Utilities	
Food		Medical	
Refugee Settlement		Other	

Please briefly describe below the personal and/or family needs:

The following supporting documents **MUST** be attached to this application:

- Government issued identification card (Driver's License)
- Copy of bills (Rent, utilities, eviction notice, medical bill, etc.)
- County/State assistance (SSI, cash/rental assistance, etc.)
- Recent Pay Stubs

By signing below, I recognize and testify to the following:

- a. MFC has the permission to verify the information provided.
- b. The information provided in this application is accurate, true, and correct to the best of my knowledge. Providing false information can lead to disqualification for assistance.

Signature: _____ Date: _____

Mail To: MFC Zakat Committee, 7815 Shams Lane, Jessup, MD 20794, or scan & email to mfczakat@gmail.com
 Tel: (301) 778-0185