

McLean Islamic Center Zakat Application- April 2021

Please complete the following document and email it to zakat@mcleanmuslims.org or turn it in in person at 8800 Jarret Valley Drive, Vienna, Virginia 22182.

APPLICATION FOR ELIGIBILITY FOR ZAKAT FOUNDATION ASSISTANCE

We give no direct aid outside of the United States nor do we respond to such requests

Personal information (Please print clearly): Case ID#: _____ (staff use only)

Applicant's Name: _____

Social Security #: _____

Spouses's Name: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones:

home: _____ office: _____ cell: _____

Date of Birth: _____ Sex: M F

Spouse's Date of Birth: _____

Email address: _____

Marital Status (check one):

Married Never Married Widowed Divorced Single Legally Separated Informally Separated

Emergency contact:

Name: _____ PHone #: _____

How and from whom did you learn about the McLean Islamic Center's Financial Services?

Dependent Children and Other Household Members

Name	Relationship	SS#	Birth Date	M/F

Do you have a mosque, church, religious, or faith community or other brotherhood? Yes
 No

If yes, provide the name of the institution:

If possible, please provide the name, position, and contact of an institution official who can serve as a reference:

Financial Status: (if any column, if the answer is none, please write None)

Monthly Gross Income (job, SSI, food states, etc.)		Monthly Expenses		Net Assets (value of major possessions)	
Source	Amount	Item	Amount	Item	Amount
	\$	Food	\$	Car (year/make)	\$
		Rent/mortgage		Bank account	
		Utilities		House	
		Phone		Other	
		Transportation			
		other			

Print name here: _____

Have you received assistance from or applied to any other sources: Yes No

If yes, list the sources: _____

—

Situation (Attach additional pages as needed) (PLEASE BE SPECIFIC): (1) Describe the purpose for which aid is sought. (2) State what caused you to be in need. (3) Give specific dollar amount for each needed for you which aid is sought. (4) State how assistance from the McLean Islamic Center for all or part of the total will meet your need.

Please read the following carefully before signing (non-Muslims may amend the text to reflect their own religious tradition):

I (and if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. **I/we have attached a copy of my/our photo I.D, such a driver's license or passport and any verifying documents related to this request.** I/we grant the McLean Islamic Center permission to contact my masjid and my witnesses for purposes or verifying and/or supplementing the information in this application. I/we also understand that the McLean Islamic Center may seek my or another local masjid's cooperation in resolving my situation. I/we solemnly witness that there is no god but Allah and that Muhammad is His messenger and that the foregoing information is true to the best of my/our knowledge.

Applicant's(s') signature(s)

Date

Witnesses: [Witnesses must be **UNRELATED** to the applicant, or to the creditors, or to each other and must not live in the same household as each other or the applicant. No more than one witness may be from a social service agency.] [PLEASE PRINT CLEARLY]

We the undersigned solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the above information is true to the best of our knowledge.

- Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phones:
home: _____ office: _____ cell: _____

Original Signature: _____

- Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phones:
home: _____ office: _____ cell: _____

Original Signature: _____