



**ISGH Assistance Application**

**NOTICE OF CONFIDENTIALITY:** This Zakat Form includes highly personal and Confidential Information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakat requests.

**INSTRUCTIONS:** Kindly help us to help those in need of Zakat. Please provide accurate and detailed information so we may evaluate Zakat requests in a timely and effective manner.

**INCOMPLETE FORMS WILL NOT BE CONSIDERED.**

Please bring the following documents with you to expedite your application for assistance:

1. Photo ID (All Family Members)
2. Social Security Card (All Family Members)
3. One month's pay stubs (most recent for all working family members in the household)
4. Most recent income tax return (most recent for all working family members in the household).
5. 2 months of bank statements. (All bank accts. For all family members in the household Checking & Saving, Most recent)
6. Complete Lease Agreement
7. Any other bills, eviction notices, etc.
8. FoodStamps Letter (For all Household Recipients)
9. SSI Letter (For all Household
10. IRS Form W9 filled and signed by the Owner of the lease property if the recipient live . in a single family home.

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

**Section 1: Applicant's Demographic Data**

Name: \_\_\_\_\_  
Last First

Spouse: \_\_\_\_\_  
Last First

Social Security: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ DL/ID: \_\_\_\_\_  
(Driver's License / ID Number)

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Section 2: Applicant's Circumstances**

Number of Dependents: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Place of Residence: Own Home\_\_\_ Rental\_\_\_ Subsidized Housing\_\_\_ Shelter\_\_\_ Other

Employment Status: Full-Time\_\_\_ Part-Time\_\_\_ Unemployed\_\_\_ Self-Employed\_\_\_

If employed, where: \_\_\_\_\_ Job Title: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed

Is your spouse currently employed? Yes No

If yes, where: \_\_\_\_\_ Job Title: \_\_\_\_\_

Health Insurance: Insured Uninsured Public Aid Medicaid/Medicare Other

Education: College Grad or More Some College High School Grad  
Some High School No High School Unknown

Statement of Circumstance: (Describe reason for which Zakat aid is sought. State the reason you are in need, how much you need and how assistance for all or part of total from Zakat fund will meet your need. Be specific.)

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

**Section 3: Need Assessment (Approximate) and Prior Zakat Receipt History:**

Total household monthly income: \_\_\_\_\_

Total household monthly expenditure: \_\_\_\_\_

Total value of savings (cash/stocks/ jewelry, etc.): \_\_\_\_\_

Loans/debt you owe: \_\_\_\_\_ Due Date: \_\_\_\_\_

Organization Zakat was received from: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Section 4: Assistance History:**

Please check any of the following aid you have received within the last calendar year:

Food Stamps\_\_\_\_      SSI\_\_\_\_      TANF\_\_\_\_  
Medicaid\_\_\_\_      Medicare\_\_\_\_      Subsidized Housing\_\_\_\_  
Shelter\_\_\_\_      WIC\_\_\_\_      Energy Assistance Program\_\_\_\_  
Senior Services\_\_\_\_      Student Loans / Scholarships\_\_\_\_  
Alimony\_\_\_\_      Child Support\_\_\_\_  
Other: (Please specify)\_\_\_\_\_

I testify in front of Allah(SWT) that the application information provided on this form is true and accurate to the best of my knowledge and I give consent to background checks regards medical/confidential information to be released to ISGH Zakat Committee.

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

Signature: \_\_\_\_\_ Date: (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**(For Office Use Only)**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allocation of Zakat Funds: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Zakat Representative)

Approved:

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_  
(Treasurer's Signature)

Amount Paid: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Rejected:

Reason for Rejection, if any: \_\_\_\_\_

Is the applicant eligible to apply in the future: Yes:      No: