

THE ISLAMIC SOCIETY OF GREATER HOUSTON

10333 Harwin Dr #245 Houston, TX 77036 Telephone 713.684.8939 Fax 713.524.2045

ISGH Assistance Application

When Complete: send this form and all
required documents by email to:

zakat@isgh.org

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

You **must** provide the following documents to complete your application for assistance:

1. Photo ID (**all adult** family members)
2. Social Security card for all adults.
3. One month's paystubs (most recent for all working family members in the household)
4. Most recent income tax return (most for all working family members in the home).
5. 2 months of bank statements. (All bank accts. For all family members in the household Checking & Saving, Most recent—or Cash App or Chime statement.)
5. **CURRENT** lease—not expired and **CURRENT Rental Ledger from Apartment Office**
6. Food Stamp Award Letter
7. SSI Letter (For **all** family members that receive it)
8. Child Support Letter
9. IRS Form W9 filled and signed by the Owner of the lease property if the recipient lives in a privately owned home.

Date of Application: _____, 2023 ___by email ___ in person

Date documents all received: _____

Date of Interview: _____, 2023

Applicant Name: _____ Birthdate: _____ male female
Last First

SS#: _____ Driver's License #: _____

Co-Applicant: _____ Birthdate: _____ male female
Last First

SS#: _____ Driver's License #: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone: _____ Secondary Phone: _____

E-mail: _____ gmail.com yahoo.com hotmail.com

Number of Dependents: _____

Name_____	DOB_____
Name_____	DOB_____
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 _____ Child Support: _____
Medicaid _____ Medicare _____ Subsidized Housing _____
Alimony _____

Any qualifying applicant must apply for food stamps [SNAP] to be considered for ISGH FOOD assistance. A letter showing you applied will be required. To assist us in helping you, please get your login and password for your food stamp account at yourtexasbenefits.com Please be ready to provide when interviewed.

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 and verifications and release ISGH from any liability regards use of this confidential information by ISGH Financial Assistance Office.

PLEASE BE ADVISED: **ALL** info provided here and with this application is subject to **verification**. Addresses, bank accounts, paystubs, food stamp benefits, social security benefits, etc. You **must** provide written documentation for any bill, payments, awards, or medical statements of injury or illness for it to be considered.

Any information that is provided with your file that is found to be false will bar you from receiving further assistance from ISGH. INITIAL HERE: _____ DATE: _____

Applicant PRINTED Name: _____

Signature: _____ Date: (mm/dd/yyyy): ____/____/____

Signature: _____ Date: (mm/dd/yyyy): ____/____/____

(For Office Use Only)

Allocation of Zakat Funds: _____

Signature: _____ Date: (mm/dd/yyyy): ____/____/____

Zakat Representative

Approved: Yes No Date Paid: _____ Amount Paid: \$ _____

Reason if rejected:

Is applicant eligible to reapply in the future? ____yes ____ no