



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

Applicant Name: _____
Last First

Spouse's Name: _____
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 Medicaid Medicare Gold Card 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: