

# Islamic Center of Mason

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## ZAKAH AND SADAQAH APPLICATION FORM

**Please attach copy of a valid ID ( Driver's License or State ID )** **Date :**

### ***Personal Information***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Marital status : Single / Married / Divorced / Widowed

Spouse Name:

### **PLEASE ANSWER ALL THAT APPLIES BELOW**

1. Current employment status?

2. Name / Address / Phone # of employment?

3. Total monthly income of the household? Please be sure to include all the benefits you are receiving from government like Food Stamps, Link Card, Housing, Disability, etc.

4. How many other organizations or Masajid are you and your family member getting help from? Please be sure to mention the amount received and for how long?

Name of Org/Masjid	Amount	Since/Date of Receipt

5. Number of individuals in the household with Ages **(including yourself)**

No of Individuals	Ages

6. Who else is employed in your household?

Name	Job description	Income

7. Do you own/Lease a Car

8. Do you own or Rent a house?

9. What's the monthly rent/payment

10. How much amount do you need for help?

11. How long do you need the help?

12. Please provide two references in this community? (other than immediate family)

Name	Contact Phone #	Relationship

Recommended by \_\_\_\_\_ Phone number \_\_\_\_\_

I hereby attest that I understand the above statements and the information provided is correct to the best of my knowledge. I agree to abide by the conditions imposed by Islamic Center of Mason, Zakah & Sadaqah Fund. I also agree to provide the statements and documentation in a timely manner and also understand that Islamic Center of Mason reserves the right to terminate providing assistance without any further notice or justification.

- By signing the application I understand that I am applying for help from Zakat and Sadaqah Fund, which shall be used only for the categories mentioned in Qur'an and Sunnah and I fully understand and shall abide by the decision of the committee on the decision making process.
- I understand that the approval of this application is dependent upon availability of the funds and this application meeting the approval criteria.
- I will utilize the help in the most responsible manner and hope not to continue this facility on a sustained basis.
- I promise that the funds shall not be used for any illegal means including any anti-government activities.
- I agree that the information provided can be shared with other Masaajid and/or organizations

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

Person who filled the form on behalf of Applicant

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Date Received:**

**Doc Number:**

**1. Name of Member**

**2. Name of Member**

**1. Signature**

**2. Signature**

**1. Date**

**2. Date**

**Amount : \_\_\_\_\_**

**Recurring (Yes/No):**

**If Yes , #of Months:**

**Comments:**