

SADAQAH / ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of SADAQAH / ZAKAT funds, **every applicant MUST** submit clear copies of the following:

1. Photo ID: For the applicant, spouse, and all dependents; Driver's License, State Issued ID or Passport.
2. Social Security Card (for all those that provided photo ID as identification).
3. Lease agreement (If renting).
4. Proof of Income (i.e. last pay stub).
5. Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements, etc.

Complete ALL portions of this form. Write clearly. (All information is confidential and intended only for restricted internal use by authorized Islamic Center of Lexington Park, MD (ICLP) personnel and used exclusively for the SADAQAH / ZAKAT request.

APPLICANT AND FAMILY INFORMATION				
Last Name:	First:	M.I. :	Application Date:	
Date of Birth:	Social Security No. - Last 4 Only:		Picture ID # :	
Street Address:			Apartment/Unit # :	
City:		State:	ZIP:	
Phone(s):		E-mail Address:		
Marital Status [Check One]:	Single	Married	Divorced	Widow
Are you a citizen of the United States?	Yes	No	If no, Immigration Status:	
Total Monthly Income of All Persons in the Household: \$				
Place of Residence[Check One]:	Own Your Home	Rental Apartment	Room Rental	
	Low-Income Housing	Shelter	Other:	

EXPENSES	
Rent / Mortgage: \$	Groceries: \$
Utilities - Electric: \$	Utilities - Phone: \$
Utilities - Gas: \$	Gas for Car: \$
Car Insurance: \$	Health Insurance: \$
Alimony: \$	Other Describe: \$

NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF):	
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

EMPLOYMENT STATUS (CIRCLE ONE)

Full-Time	Part-Time	Unemployed	Self-Employed	Other
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NEED: Provide detailed reasons for requesting assistance, please be specific. Attach a separate sheet if more space is needed:

Have you applied for SADAQAH / ZAKAT assistance before with ICLP? Yes No

If yes, when:

Are you receiving assistance from other organizations, provide name(s):

REFERENCES

Please list at least **one (1) individuals—references** who can confirm and verify the information you have provided on this application. References should not be immediate relatives, people who live with you, or current SADAQAH / ZAKAT recipients.

#1) Full Name:	Relationship:
Address:	Phone(s):
#2) Full Name:	Relationship:
Address:	Phone(s):

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I have read and understand the criteria for considering my application for SADAQAH / ZAKAT (if yes, check box).

Applicant Signature:	Date Signed:
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Print and mail or email to iclpm@gmail.com

Review By: _____	For Internal Use Only	Date Reviewed: _____
Approved By: _____		Date Approved: _____
Approved By: _____		Date Approved: _____