



In the Name of Allah, The Beneficent, The Merciful

# Financial Assistance Application (Zakat)

## Important:

1. Completed applications should be submitted before interviews on Sunday at 1:30pm.
2. All applicants must be present in person for interview.
3. Each applicant is allowed only one visit in three months.
4. For identification purposes the following are required to qualify for assistance:
  - a) Original Photo ID.
  - b) Valid proof of applicant's current address.

## Person Information:

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Gender:  Male  Female

Driver License or State Issued ID: Issuing State \_\_\_\_\_ Number \_\_\_\_\_ Valid Thru \_\_\_\_\_

## Financial Sources & Refence:

Are you receiving any financial help on monthly basis?  Yes  No

If yes, which institution \_\_\_\_\_ Amount \$ \_\_\_\_\_

Masjid/Islamic Center you attend frequently \_\_\_\_\_ Phone \_\_\_\_\_

**Reference:** List two people who can substantiate the information you provided above:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Reason & Authorization:

Reason for applying (specify) \_\_\_\_\_

\_\_\_\_\_ Requesting Amount \$ \_\_\_\_\_

**I, the undersigned hereby declare that the information given above is true and correct to the best of my knowledge,**

**Allah is my witness. Applicant's Signature** \_\_\_\_\_

## FOR ICCD USE ONLY - COMMUNITY ASSISTANCE PROGRAM COMMITTEE DECISION

Application Approved:  Yes  No If No, reasons for denial \_\_\_\_\_

Signature of at least three Zakaat Committee Members:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

### Islamic Center Info:

**Address**  
21 N Lansing Road  
Schenectady  
NY 12304

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