

Islamic Center of Fredericksburg
7020 Harrison Road
Fredericksburg, VA 22407
(540) 786-5972

ZAKAT ASSISTANCE APPLICATION FORM

Instructions: Please provide the following documents to expedite your application for assistance:

1. Photo ID for all adults
2. Social Security cards for all family members
3. One month's pay stubs
4. Most recent tax return
5. Most recent bank statements, checking and saving account
6. Rent receipt
7. Any other relevant documentation
For example: medical bills, letter of termination from work, etc.

Please fill out all sections completely!

TYPE OF ASSISTANCE NEEDED: (Please check all that apply)

- Rent (please provide copy of lease)
- Medical (please provide copy(s) of bills)
- Counseling
- Utilities (please provide copy(s) of bills)
- Food
- Other: (please explain) _____

Assistance provided may be in the form of Zakat, food bank requisition, clothing, counseling, and/or referrals to government funded programs (according to circumstances)

Applicant Information: (please print)

Date: _____

First Name: _____ MI: _____ Last Name: _____

Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Date of Birth: _____ Social Security #: _____

Marital Status: (please one)

Drivers License or ID #: _____

- Single
- Married
- Separated
- Divorced
- Widowed

Number of Dependents: _____

Ages of All Dependents: _____

Gross Monthly Income: \$ _____

Employer/Source of income: _____

Spouse's Employer/Source of income: _____

Residence: Own Rent If Own, latest assessed value of home: _____

Do you own other property? Yes No If yes, please explain: _____

Are you currently a member of the Islamic Center of Fredericksburg? Yes No
If no, please indicate Mosque you are a member of: _____

Have you ever received assistance from the ICF before? Yes No
If so, please explain how much and when: _____

Please explain reason for requesting assistance: (provide copies of all relevant documentation)

Amount of assistance requested: \$ _____ Duration of assistance requested: _____

