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

ZAKAT ASSISTANCE APPLICATION FORM

Instructions: Please provide the following TYPE OF ASSISTANCE NEEDED: (Please check all that apply) documents to expedite your application for assistance: ☐ Rent (please provide copy of lease) ☐ Medical (please provide copy(s) of bills) 1. Photo ID for all adults ☐ Counseling 2. Social Security cards for all family mem-☐ Utilities (please provide copy(s) of bills) bers □ Food 3. One month's pay stubs ☐ Other: (please explain) 4. Most recent tax return 5. Most recent bank statements, checking

and saving account Assistance provided may be in the form of Zakat, food bank 6. Rent receipt requisition, clothing, counseling, and/or referrals to 7. Any other relevant documentation government funded programs (according to circumstances) For example: medical bills, letter of termination from work, etc. Please fill out all sections completely! Applicant Information: (please print) First Name: MI: Last Name: Spouse's Name: Address: City: State: Zip Code: Phone #:() Date of Birth: Social Security #: Drivers License or ID #: Marital Status: (please √one) Number of Dependents: ☐ Single ☐ Married Ages of All Dependents: ☐ Separated ☐ Divorced □ Widowed Gross Monthly Income: \$ Employer/Source of income: Spouse's Employer/Source of income: Residence: ☐ Own ☐ Rent If Own, latest assessed value of home: Are you currently a member of the Islamic Center of Fredericksburg? □ 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:

Zakat Assistance Application Form (continued)

Monthly Expenses	Amount	Assets	Amount	
Rent/Mortgage	\$	Checking Account	\$	
Utilities/Phone	\$	Savings Account	\$	
Food	\$	IRA	\$	
Car payment/Insurance	\$	Pension	\$	
Medical Expenses	\$	Stocks, bonds, mutual funds	\$	
Other	\$	Other	\$	
Total	\$	Total	\$	

REFERENCES:					
Please provide two or more re	eferences:				
Name:	Address:				
Telephone Number:					
Name:	Address:				
Telephone Number:					
Name:	Address:				
Telephone Number:	1276				
Surah 9 Ayat 119 "O ye v I the undersigned acknowledge mission to the Islamic Center will use the funds that I receive involved in any activities that ing information on this applic	ge that the above inform of Fredericksburg to veve from the Islamic Ce would be characterize	nation represe verify the infor onter of Frederical as terrorist of	nts the full to mation I hat icksburg to or violent.	truth about my situation. Eve provided. I hereby test ease my difficulties and the lift of the lift o	I grant per- stify that I hat I am not
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Print Name:		**** * * * * * * * * * * * * * * * * * *			
FOR OFFICIAL USE ONL		*****	*****	*******	*****
Approval: □ Yes □	No		Approval I	Date:	
Amount of Assistance Appro	ved: \$	Check #_		Date of Check:	
Approved by:					