



Islamic Center of Rolla Missouri

1302 N. Elm Street, Rolla, MO 65401
 www.rollamasjid.org • (573)341-7360

Zakat Assistance Application Form

Registration No.:

Application Date:

To ensure the proper distribution of Zakat funds, every applicant must submit clear copies of the following:

- Photo ID: For the applicant, spouse and all dependants; Driver's License, State Issued ID or Passport.
- Social Security Card (for all those that provided photo ID as identification).
- Lease agreement (If renting).
- Proof of income (i.e. last two pay stubs), and a copy of recent tax return Transcript.
- If unemployed, please provide unemployment stubs.
- If you receive public assistance of any kind such as TANF, SSI, Section 8, etc. Please provide relevant letter.
- 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 Masjid personnel and used exclusively for evaluation for Zakat requests.)

Section I: Personal Information for Head of Household/Family

Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date & Place of Birth:			
Address:			
	Street	City	State Zip Code
Phone#:			
	Primary Phone	Alt. Phone	
E-mail:			
Employment Status:	[Check One]: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other		
Marital Status:	[Check One]: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow Number of Children:		
Citizenship:	U.S. Citizen: [Check One] <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, Immigration Status:		

Section II: Number of Family Members _____ (including yourself)

Name	Date of Birth	Gender	Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	



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Section III: Income

Are you (or any family member in your household) Currently working?
<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, where?
Are you (or any family member in your household) receiving government support?
<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, how much the total assistance? \$ / month
What is the Total Monthly Income of ALL Persons in the Household? \$ / month
Place of Residence:
<input type="checkbox"/> Own Your Home <input type="checkbox"/> Rental Apartment <input type="checkbox"/> Room Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Low-income housing <input type="checkbox"/> Other

Section IV: Monthly Gross Income vs. Monthly Expenses

Monthly Gross Income		Monthly Expenses	
Source	Amount, \$	Item	Amount, \$
Work (household total)		Rent/Mortgage	
SSI		Utilities	
TANF		Medical	
Food Stamps		Phone / Cell phone	
Section 8 (Housing)		Transportation/ Car Insurance	
Child Support / WIC		Food/Cloths	
Others		Others	
Total Monthly Income:		Total Monthly Expenses:	

Section V: Assistance Needed (Please check)

<input type="checkbox"/> Rent <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Referrals <input type="checkbox"/> Funeral Assistance <input type="checkbox"/> Others
Have you received any assistance from ICRM before? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, when?
Have you previously applied for assistance from any other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Organization: _____ when? _____ How much? _____

Section VI: Description of Need (please be specific and put detailed reasons for requesting assistance)



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Section VII: References

Notice: Please list at least two 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 Zakat recipients.

Reference No. 1

Name:		Relationship:	
Phone#:		Email:	
Address:			
	Street	City	State Zip Code

Reference No. 2

Name:		Relationship:	
Phone#:		Email:	
Address:			
	Street	City	State Zip Code

I, _____ certify that the information provided above is correct as presented.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY: (ICRM Zakat Assistance Committee will respond to application within 2 weeks)

Application reviewed by:

- 1) _____ Signature: _____ Date: _____
- 2) _____ Signature: _____ Date: _____
- 3) _____ Signature: _____ Date: _____
- 4) Treasurer: _____ Signature: _____ Date: _____
- 5) ICRM President: _____ Signature: _____ Date: _____

Reference contacted: Yes No N/A. Why? _____

Remarks: _____

Decision: Eligible Not Eligible. Amount: _____ Charitable Fund used: _____