

**Islamic Society of Frederick (ISF)**1250 Key Parkway  
Frederick, MD 21702  
(301) 682-6090**Zakat Application  
(Financial Assistance)****Personal & Family Information**

Applicant's Legal Name: (Last, First, Middle)		Other Name: (Last, First, Middle)	
Address:		Home Phone:	
City:		Mobile Phone:	
State:	Zip:	Email Address:	
Date of Birth:		Social Security Number:	
Citizenship/Visa Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Religion:		If Muslim, what Masjid do you attend?	
Spouse's Legal Name: (Last, First, Middle)		Other Name: (Last, First, Middle)	
Address: (if different from above)		Home Phone: (if different from above)	
City:		Mobile Phone:	
State:	Zip:	Email Address:	
Date of Birth:		Social Security Number:	
Citizenship/Visa Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other			

**Children or Other Persons Living in Household**

Name:	Date of Birth:	Relationship:

**Employment Information**

Applicant's Employer:		Position:	
Employer's Address:		City:	
State:	Zip:	Office Phone:	
Spouse's Employer:		Position:	
Employer's Address:		City:	
State:	Zip:	Office Phone:	

**Financial Information**

Monthly Income	Monthly Expenses	Assets
Employer:	Mortgage/Rent:	Checking Account:
Social Security:	Utilities/Phone:	Savings Account:
Government Aid (Welfare, Food Stamps):	Transportation:	Retirement (IRA, Pension, 401(k)):
Child Support:	Food:	Investments (Stocks, Bonds, Mutual Funds):
Other:	Medical:	Other:
	Other:	
Have you received assistance from or applied to other sources?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, list sources:

**Financial Assistance**Type of Assistance Requested:  Direct Financial Assistance  Payment of a Specific Expense

Please explain the nature of your needs. State the reason you are in need. If you are requesting direct financial assistance, how much do you require? If you are requesting payment of a specific expense, which expense and why? How will assistance for all or part of the total from the Zakat Fund meet your needs? (Please be as specific as possible)

## Waiver

I hereby authorize the Islamic Society of Frederick (ISF) to verify the information in this application. I understand that I may be asked to present proof of some or all of the statements in this application. I understand that a representative of ISF may contact my references to verify and/or supplement the information in this application. I am aware that due to Islamic regulations, ISF guidelines, and my circumstances the assistance I am requesting may not be available. I solemnly witness that the information given in this application is true, correct, and complete to the best of my knowledge.

Applicant's Signature:

Date:

## Witnesses

Witness #1 Name:

Home Phone:

Address:

Mobile Phone:

City:

State:

Zip:

Witness #1 Signature:

Date:

Witness #2 Name:

Home Phone:

Address:

Mobile Phone:

City:

State:

Zip:

Witness #2 Signature:

Date:

## Evaluation / Decision (ISF Use Only)

Information Verified:

Yes

No

Case Number:

Date Received:

Date Reviewed:

Reviewer #1 Name:

Reviewer #2 Name:

Reviewer #1 Signature:

Reviewer #2 Signature:

Approved:

Yes

No

Amount Approved:

Check Number:

Check Issued:

Reviewer Comments: