

**Islamic Society of Frederick (ISF)**

1250 Key Parkway

Frederick, MD 21702

(301) 682-5090 - info@isfmd.com

**Zakat Application  
(Financial Assistance)**

Please ensure that you fill out all the mandatory sections of this application. The mandatory sections are denoted with an asterisk (\*). The processing time for Zakat application is 2 weeks from the date when the application is received by the ISF Office. Please attach all required documents as supplementary evidence with your application.

**Failure to provide the required documentation can result in delay or denial of your application.**

**Personal 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: (If Married, fill the spouse info below)		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Saparated <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: *
Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *

**Employment Information**

*(Please provide copies of 2 latest pay stubs OR proof of income for last two months)*

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



## 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 am authorizing ISF to use information provided in this application to do background and credit checks. 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: \*

## 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: