



Zakat Application Form

Date:

Case #:

Please read carefully the following before signing this form. By signing the form, you accept all the below conditions:

1. Applications from Bridgewater-NJ and the immediate vicinity will be processed by AlFalah Center, all other applicants are advised to contact their local Masjid for Zakat assistance.
2. The requested assistance will be in the form of check, food certificates, counseling, and/or referrals to government funded programs depending upon applicant's circumstances.
3. AlFalah Center has permission to verify information provided by the applicant. Further, applicant authorizes AlFalah Center to share this application with other Masajid, Islamic Centers, and/or state and federal government agencies.
4. Applicant is aware and agrees that AlFalah Center may voluntarily or involuntarily report the assistance to state or federal government agencies.
5. Masjid AlFalah Center does not guarantee the confidential security of applicant's personal information.
6. Applicant has provided true and complete information to the best of his/her knowledge. Application may be disqualified for assistance if he/she knowingly provides false information.
7. If applicant is not a AlFalah Center member, he/she must present "Recommendation Letter" from their Masjid.
8. All supporting documents (Example overdue bills, summons) and IRS filings are required to be attached to the application.
9. Applicant will not submit original bills or documents (Only photo copies please).
10. Application must be accompanied by a copy of applicant's driver's license. Incomplete applications may be declined or deferred.
11. AlFalah Center will put forth its greatest efforts to provide the best possible assistance based on individual's circumstances. Interfering factors include Zakat regulatory constraints, limited or unavailable funds.
12. All applications will be reviewed within 15 days of receipt, AlFalah Center does not provide urgent/immediate assistance.
13. If the applicant does not receive any response from AlFalah Center within the prescribed time frame, it means the application was not considered.
14. The decision made by the Zakat Committee will be final and it will not be provided in writing.
15. Applicant is responsible for reporting Zakat assistance to the IRS and other government agencies.
16. Applicant is confirming & affirming that he or she is not involved in criminal activities. In addition, the applicant is also confirming & affirming that he or she is not aware of activities which directly and/or indirectly affect the safety, security, and harmony of our country, state (including its residents), Masjid, as well as our community at large.
17. Applicant acknowledges that he/she stand before Allah (SWT) in truth and Allah (SWT) is his/her witness.

AlFalah Center does not accept applications via email or fax. Please drop in applications at the Masjid or mail it in to the above address.

I have read points 1 through 17. I understand each point and accept all conditions, notes and disclaimers provided therein:

Name: _____

Signature: _____ Date: _____



<u>Please provide your personal information</u>					
Applicant Name:				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:					
City:	State:	Zip:	Date Of Birth:		
Home Phone:	Mobile Phone:	Email:			
Referred by:	Ref Phone:	Employed <input type="checkbox"/>			
Legal Status: Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Visitor <input type="checkbox"/>	Unemployed <input type="checkbox"/>		
<u>Please provide your employment information (If unemployed list the latest job that you held)</u>					
Company Name:		Manager Name:	Phone:		
Address:				Position:	
Reason for leaving (If applicable)				Last Wages:	

<u>Please provide information of people that are your dependents</u>					
No	Name	M/F	Age	Relation	Comment
1					
2					
3					
4					
5					
6					
7					

Please provide detailed information why you are applying for Zakat including the amount requested (You can use back of this page as well if you need more space to write)



Please provide information about your Income			
Source Of Income	Amount	Date Last Received	Frequency (Weekly/Monthly)
Salary from your job/work			
Salary from your spouse's job/work			
Social / Supplement Security Income			
Subsidized Housing / Public Housing			
Child Support			
Alimony			
Unemployment			
Pension Fund			
Zakat / Sadaqah from other Masjids			
Financial aid from other organizations/Sources			
Other Income			
Total			

Please provide information about your Expenses (Must provide copies of all bills)		
Type Of Expense	Amount	Frequency (Weekly/Monthly)
Rent / Mortgage		
Electric/Gas/Water/Etc.		
Phone/Cable/Internet		
Car Payment		
Insurance		
Food		
Medical		
Transportation		
School		
Credit Cards		
Other		
Total		

Please provide additional information below	
Have you or a family member (listed in this application) ever applied for Zakat / Sadaqah in the past twelve months at AlFalah Center? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes Amount Received:	Date Received on:
Have you or a family member (listed in this application) ever applied for Zakat / Sadaqah in the past twelve months at any other local Masjids? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of the Masjid (Masjid that provided assistance):	
If Yes Amount Received:	Date Received on:



1st Reference Information (Reference cannot be anyone listed on this application)			
Reference Name:			
Street Address:			City:
State:	Zip:	Email:	
Home Phone:		Mobile Phone:	
How do you know this person:			

2nd Reference Information (Reference cannot be anyone listed on this application)			
Reference Name:			
Street Address:			City:
State:	Zip:	Email:	
Home Phone:		Mobile Phone:	
How do you know this person:			

I testify in front of Allah (SWT) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakat. Further, I authorize Masjid AlFalah Center to verify the provided information to determine my eligibility for Zakat

Name: _____

Signature: _____ Date: _____

NOTE:

1. You must come with proof of need and apply in person. Forms will be available in the Masjid and can also be obtained on the Masjid website at <http://masjidalwali.org/forms/>
2. Applications will be reviewed within 15 days of submission and the applicant will be notified of a decision.

FOR OFFICE USE ONLY (DO NOT WRITE HERE)			
Date Received:		Status: New <input type="checkbox"/> Repeat <input type="checkbox"/>	
Decision: Approved <input type="checkbox"/>		Denied <input type="checkbox"/> Deferred <input type="checkbox"/>	
Amount Approved (Zakat):		Date Of Approval:	
Amount Approved (Sadaqah):		Check #:	
Amount Approved (Fitra):			
Approvers:			

Notes:

