

APPLICATION FOR ZAKAT GRANT

ISLAMIC SOCIETY OF WESTERN MARYLAND

2036 Day Road, Hagerstown, MD 21740

DATE: _____ NAME: _____ AMOUNT REQUESTED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER OR TAX ID #: _____

HOME ADDRESS: _____

MONTHLY EXPENSES: _____ NUMBER OF DEPENDENTS: _____ PH #: _____

EMPLOYER: _____ EMPLOYER PHONE: _____ MONTHLY INCOME: _____

EMPLOYER ADDRESS: _____

CITIZENSHIP STATUS: _____ TAX PAID LAST YEAR: _____

REASONS FOR APPLYING FOR ZAKAT: _____

REFERENCES: (Please write down the name and telephone number of at least two references)

REFERENCE #1: _____

REFERENCE #2: _____

DOCUMENTS NEED TO BE SUBMITTED:

- 1) Proof of monthly or annual income
- 2) Pay stubs of recent three salaries
- 3) Income tax filed previous tax year
- 4) Driver's License OR Government issued photo identity

(Application will not be considered if above documents are not furnished)

ZAKAT COMMITTEE RECOMMENDATIONS

- Application complete? Y / N
- 2) Documents submitted? Y / N
- 3) Qualified for the zakat? Y/ N

QUALIFYING CATEGORY (Please mark the appropriate category)

- 1) Financial hardship
- 2) Medical
- 3) Education
- 4) Debt
- 5) Other: _____

COMMITTEE DECISION:

- 1) Approved for \$: _____ Check # _____ Date Check Issued: _____

- 2) Declined due to: _____

SIGNATURE OF ZAKAT COMMITTEE CHAIRMAN / DESIGNEE: _____

Date 1099 issued: _____ SIGNATURE OF FINANCE COMMITTEE DIRECTOR: _____