



ZAKAH / SADAQAH APPLICATION FORM¹

First Name: _____ Last name: _____ Middle initial: _____

INSTRUCTIONS: Use the following checklist to make sure you have completed your application:

1. Yes, I have provided accurate and detailed information in clear handwriting.
2. Yes, I have included **CLEAR COPIES** of California Identification Card and/or Driver's License for: **myself**, my **spouse** and all of my **dependents**
3. Yes, I have included copies of Social Security Cards for: **myself**, my **spouse** and all of my **dependents**.
4. Yes, I have included a copy of the Lease Agreement (if renting).
5. Yes, I have included a copy of proof of income for **myself**, my **spouse** and my **family**.
6. Yes, I have included all and any other documentation that might help in the evaluation of this application such as: medical reports, receipts, billing statement, etc.

IMPORTANT NOTES: (please read the following notes carefully before you continue)

- Every time you apply, you will have to submit a new complete application. All the 6 steps above need to be checked off in order for this application to be accepted.
- All provided documentation is considered the Zakah / Sadaqah committee property and **will not** be returned to the applicant even if the application is denied.
- Simply applying for Zakah / Sadaqah does not mean automatic approval of the application.
- The committee will examine all provided information and will contact the references.
- All applicants who have submitted a **COMPLETE** application **WILL BE CONTACTED**.
- If you have any questions please contact the Zakah / Sadaqah committee **ONLY**.

¹ ***NOTICE OF CONFIDENTIALITY:*** This Zakah/Sadaqah Form includes personal and confidential information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakah/Sadaqah requests. Unauthorized use, copying, distribution or dissemination of the information provided in this application is strictly prohibited.

1. APPLICANT'S INFORMATION:

First Name: _____ Last name: _____ Middle initial: _____
 SSN: _____ Primary Phone: (____) ____ - _____ Secondary phone: (____) ____ - _____
 California Driver License/ID: _____ Date of birth: ____/____/____ Gender/sex: ____
 Address: _____ Apt # _____
 City: _____ State: _____ Zip: _____ e-mail: _____
 Marital Status: Single Married Divorced Widowed Separated **[check one only]**
 Masjid or Islamic Center you attend frequently or associated with: _____
 Do you speak English? Yes No; If No, What is your primary language? _____ and can you
 provide your own translator? Yes No.
 Your nationality or country of origin _____

2. APPLICANT'S CIRCUMSTANCES:

Last Zakah / Sadaqah you received form MCA; Date ____/____/____ and amount \$ _____
 Place of Residence: Own Home Apartment Low Income Housing Shelter
 Room Rental (in house) other (please specify): _____
 If renting, does any one share the rent with you? Yes No; if yes how much? \$ _____
 Method of Transportation: Own Automobile Public Transportation Other: _____
 Employment Status: Full-Time Part-Time Unemployed Self-Employed Other: _____
 Health Insurance: Insured Uninsured Medi-Cal/Medicare Other: _____
 Education: College Grad Some College High School Unknown Other: _____
 Why you are applying for Zakah / Sadaqah? (Use extra sheet if necessary): _____

ESTIMATE AMOUNT NEEDED: \$ _____

3. APPLICANT'S DEPENDENTS: (Include spouse, children, and relatives who are relying on you)

Number of dependants living with you: _____; Please list all.

First Name	Last Name	Date of birth	SSN	Relationship

4. ASSESSMENT OF ALL INCOME AND AID HISTORY:

Please check and fill any of the following income and aid you have received within the **last calendar year**;

List all as **monthly gross** income:

Type of income/aid	Amount	Date Received
Salary from Job/work	\$	
Social/Supplement Security income (SSI)	\$	
Food Stamp/Link Card	\$	
Cal Work	\$	
Subsidized/Low Income Housing, Public Housing	\$	
WIC (Women, Infants, Children) program	\$	
Energy Assistance program	\$	
Government Student Loan/Scholarships	\$	
Child Support	\$	
TNFA (Temporary needy Family assistance)	\$	
Medi-cal (state)/Medicare	\$	
Mother and Child program	\$	
Senior Services	\$	
Alimony	\$	
Cash	\$	
Unemployment	\$	
Assistance from Rahima	\$	
Assistance from other Masjids or organization (not MCA)	\$	
Any other government aid	\$	
Other (specify)		
Total	\$	

5. ASSETS OWNED BY THE HOUSEHOLD:

Please check and fill any of the assets you own:

Type of Assets	Value	Date Owned
House (mortgage)	\$	
Business	\$	
Car/s	\$	
Cash	\$	
Other (specify)	\$	
Other (specify)	\$	
Total	\$	

6. LOANS AND DEBT:

Please list all loans and debt you owe:

Type of loan/debt	To Whom you owe	Amount	Due Date
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total		\$	

(Use extra sheet if necessary)

7. ESTIMATE OF YOUR MONTHLY EXPENSES:

Please check and fill any of the following monthly expenses you may have:

Type of expenses	Value
Rent	\$
Clothing & Laundry	\$
Food	\$
Transportation	\$
Utilities (Bills)	\$
Tuition, Books and school expenses	\$
Other (specify)	\$
Other (specify)	\$
Total	\$

8. REFERENCES: (please read the following notes carefully before you continue)

- References should **NOT** be immediate relatives or people who live with you.
- References should **NOT** be current Zakah / Sadaqah receiver.
- References should **NOT** be any of the Zakah / Sadaqah Committee members, MCA Finance personal, or MCA Executive Committee members who are involved in the application process.
- Please list at **least 2 names** of anyone whom you are familiar with, and who can confirm or verify the information you provided.
- Muslim references are preferred (at least one).
- **The committee will contact references for verification.**

1. Name: _____ Phone: _____ Relationship: _____

Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____ Relationship: _____

Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____ Relationship: _____

Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____



- **Did you check off the entire 6 requirements on the front page? If yes, then turn in your application. If not, then fix your application before turning it in.**
- **If your application is missing any of the 6 requirements IT WILL NOT BE CONSIDERED.**

9. STATEMENT: (please read the following statement and sign)

I testify in front of Allah (swt) that the information provided in this application is true and accurate to the best of my knowledge. I agree that this information provided in this application is to be used by the committee for Zakah/Sadaqah request purposes only.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: ____/____/____ Date: ____/____/____

(Applicant)

(Person who is filling the form for Applicant)