

TRI-STATE ISLAMIC CENTER

4980 Radford Ct Dubuque, IA 52002

Phone: (563) 503-5588

Website: www.tristateislamic.center

A non-profit religious 501(c)(3) organization



ZAKAT FORM

Please complete the application below and attach all relevant supporting documentation.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Reason(s) for Financial Aid: _____

Date Needed: _____ Amount Requested: \$ _____

Personal Information

Gender: _____ MARRIED SINGLE WIDOWED DIVORCED
MALE FEMALE

Household Size: _____ Number of Children/Ages: _____

Are you a citizen of the United States? YES NO YES NO
 If no, are you authorized to work in the U.S.?

Do you have any permanent or temporary disability or serious illness? YES NO
 Number of Dependents (including yourself): _____

Are you working (Full or Part-Time)? YES NO
 If yes, Employer: _____

Are you receiving Unemployment Benefits? YES NO YES NO
 Have you or any of your dependents ever received any financial aid from us?

Have you applied for financial assistances at any other organization? YES NO
 If yes, Names and When: _____

Do you pay rent/mortgage? YES NO
 If yes, how much per month: \$ _____

Do you have any income from all sources and all dependents (last month)? YES NO
 If yes, Total Monthly Household Income (including Spouse's income, pension, social security, unemployment benefits, welfare, rental income, alimony, etc.): \$ _____

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Additional Information/Concerns

Please explain why you are in need of Zakat by using the space below to provide additional information that might help us to evaluate and to understand your financial needs. (Attach separate sheet if necessary)

References

Please list the names/numbers of 3 individuals who know of your situation.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify in front of Allah and the Believers that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

OFFICE USE ONLY

Comments & Notes

ACCEPTED DENIED

Investigated By: _____ Reason: _____

President/Vice President Signature: _____ Amount: \$ _____

Treasurer Signature: _____ Date: _____