

# SADAQAH / ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of SADAQAH / ZAKAT funds, **every applicant MUST** submit clear copies of the following:

1. Photo ID of the applicant: Driver's License, State Issued ID or Passport.
2. Lease or rental agreement (if renting) or mortgage payment (if owning) and other bills needing payment help.
3. Proof of Income (i.e. last pay stub).
4. Other documentation that might help in the evaluation.

**Note: The West End Islamic Center (WEIC) serves only the Greater Richmond Area. WEIC reserves the right to deny any application without explanation.**

**Complete ALL portions of this form.** Write clearly. (All information is confidential and intended only for restricted internal use by authorized West End Islamic Center (WEIC) personal and used exclusively for the SADAQAH / ZAKAT request.

APPLICANT AND FAMILY INFORMATION					
Last Name:	First:	M.I.:	Application Date:		
Date of Birth:	Sex: ( ) Male ( ) Female		Picture ID #:		
Street Address:			Apartment/Unit #:		
City:		State:	ZIP:		
Phone(s):		E-mail Address:			
Marital Status [Check One]:	( ) Single	( ) Married	( ) Divorced	( ) Widow	
Place of Residence [Check One]:	( ) Own Your Home	( ) Rental Apartment	( ) Room Rental		
	( ) Low-Income Housing	( ) Shelter	Other:		
Total Monthly Income of <b>All Persons</b> in the Household: \$			<b>Amount Needed:</b> \$		

MONTHLY EXPENSES	
Rent / Mortgage: \$	Groceries: \$
Utilities - Electric: \$	Utilities - Gas: \$
Utilities – Water: \$	Utilities - Phone: \$
Mobile Phone: \$	Cable and Internet: \$
Gas for Car: \$	Car Insurance: \$
Health Insurance: \$	Car Loan: \$
Student Loan: \$	Other Describe:
Other Describe:	Other Describe:
Other Describe:	Other Describe:

**NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF):**

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

**EMPLOYMENT STATUS [CHECK ONE]**

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-Employed	Other:
------------------------------------	------------------------------------	-------------------------------------	--	--------

**NEED:** Provide reasons for requesting assistance, be specific. Attach a separate sheet if more space is needed:

**Have you applied for SADAQAH / ZAKAT assistance before with WEIC?**  Yes  No  
**If yes, when:**  
**Are you receiving assistance from other organizations? Provide name(s):**

**REFERENCES**

Please list at least **one (1) individual** who can confirm and verify the information you have provided on this application. References should not be immediate relatives or people who live with you.

<b>#1) Full Name:</b>	Relationship:
Email Address:	Phone(s):
<b>#2) Full Name:</b>	Relationship:
Email Address:	Phone(s):

**DISCLAIMER AND SIGNATURE**

By signing below, you agree to use the money received from WEIC for personal expenses ONLY, such as living expenses, food, and other such personal needs. WEIC, its officers and its members do not condone the use of money received for any other purpose and do not assume any liability for uses outside of those considered personal. I certify that my answers are true and complete to the best of my knowledge.

I have read and understand the criteria for considering my application for SADAQAH / ZAKAT.

Applicant Signature:	Date Signed:
----------------------	--------------

**For Internal Use Only**

Review By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_