AMERICAN MUSLIM COMMUNITY CENTERS

AMCC ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of Zakat funds, every applicant must submit clear copies of the following:

- Photo ID: For the applicant, spouse and all dependents; Driver's License, State Issued ID or Passport.
- Social Security Card (for all those that provided photo ID as identification).
- Lease agreement (If renting).
- Proof of income (i.e. last pay stub).
- Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements, etc.

Complete ALL portions of this form. Write clearly. *(All information is confidential and intended only for restricted internal use by authorized AMCC Zakat committee personnel and used exclusively for evaluation for Zakat requests.)*

Name _____
Application Date _____
Date of Birth _____
Circle one: Picture ID # or Driver's License #_____

INFORMATION NEEDED FOR HEAD OF HOUSEHOLD/FAMILY

StreetAddress_____
City _____ State ____ Zip_____

Primary Phone _____
Alt. Phone _____
Email_____

Marital Status [Check One]: ☐ Single ☐ Married ☐ Divorced

Total Monthly Income of ALL Persons in the Household: $_____

Place of Residence: ☐ Own Your Home ☐ Rental Apartment ☐ Room Rental
☐ Shelter ☐ Low-income housing ☐ Other _____

EXPENSES

Rent: $ _____ Utilities $ _____ Other $ _____

Describe NUMBER OF FAMILY MEMBERS _____ *(including yourself)*
Names of Family Members (including yourself)

Name _____ Age_____
Name _____ Age _____

AMCC ZAKAT ASSISTANCE APPLICATION FORM (Cont...)

Name _____ Age _____
Name _____ Age_____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

EMPLOYMENT STATUS (check one)
☐ Full-time ☐ Part-time ☐ Unemployed ☐ Self-Employed
Other NEED: Detailed reasons for requesting assistance (please be specific)
_____
_____
_____
_____

Have you applied for Zakat assistance before? No ☐ Yes ☐ If so, when? _____

REFERENCES
Notice: Please list at least two individuals—references who can confirm and verify the information you have provided on this application References should not be immediate relatives, people who live with you, or current zakat recipients.

Reference No. 1

Name _____ Phone _____ Relationship _____

Street Address_____

City _____ State ____ Zip _____

Reference No. 2

Name _____ Phone _____ Relationship _____

Street Address_____

City _____ State ____ Zip _____

Applicant Signature _____ Signed _____

☐ I have read and understand the criteria for considering my application for Zakat. *(If yes, check box.)*