

Muslim Community of Tidewater -- Zakat Committee

Financial Aid Application

1442 W 49th Street

Please drop the application in the Zakat section of the donation box.

Norfolk, VA 23508-6398, USA

Phone: (757) 423-8609

Date

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Dear Brother/Sister, Assalam Alaykoum Wa Rahmatou Allah Wa Barakatohou,

To help us process your request quickly and fairly, please complete all the form fields and attach a copy of the following documents;

- **Copy of your Photo ID**
- **Copy of Bills supporting your financial request (Lease, Electric or Water Bills, etc.)**

The MCT Zakat Committee guarantee the confidentiality of your information.

Please make sure that the information you provide is **complete and accurate**, failure to do so will affect the outcome of your request. It takes at least a week to process the application from the date of submission. You will be notified by phone once the decision has been made. Finally, we ask Allah (SWT) to provide you with help and support to overcome this difficult situation.

I. Applicant Information

Name

Legal Last Name

Middle Name

Legal First Name

Other Name/Muslim Name

Social Security Number

Address

Street

City

State

Zip

Work Phone

Home Phone

II. Age, Status & Physical Ability

Single

Married

Divorced

Separated

Widowed

Age

Gender

Marital Status

Citizenship, Visa Status

Other persons (dependents) in household:

| | | | |
|-------------|---------------------|------------|---|
| Name: _____ | Relationship: _____ | Age: _____ | Disability: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Name: _____ | Relationship: _____ | Age: _____ | Disability: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Name: _____ | Relationship: _____ | Age: _____ | Disability: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Name: _____ | Relationship: _____ | Age: _____ | Disability: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Name: _____ | Relationship: _____ | Age: _____ | Disability: <input type="checkbox"/> Y <input type="checkbox"/> N |

Please list type of disability (ex.: mobility, hearing, vision, mental, etc.), if any:

III. Family Income

Income: \$ _____ / month | Child Support: \$ _____ | Alimony: \$ _____

Total Family Income (All Sources)

Net Assets: \$ _____ | Social Security: \$ _____ | Medicaid: \$ _____ | Food Stamps: \$ _____

(Car, house, etc.)

Complete back of page



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|------------------------|-----------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Occupation | | | | | | | | | | | | | | | | | | | |
| Applicant's Occupation | Employer's Name | Phone | | | | | | | | | | | | | | | | | |
| Spouse's Occupation | Employer's Name | Phone | | | | | | | | | | | | | | | | | |

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|--|----|----------|----------|-----------|----------------|--|--|--|--|
| IV. Amount Requested & Purpose of Financial Aid | | | | | | | | | |
| | \$ | Rent: \$ | Food: \$ | Bills: \$ | Other: \$ | | | | |
| Total Amount Requested | | | | | Details | | | | |
| Please explain your financial situation: _____ | | | | | | | | | |
| Have you previously applied for Zakat from the Muslim Community of Tidewater Zakat Fund or any other organization? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Amount Received : \$ _____ | | | | | | | | | |

| | | |
|--|--------|------------|
| V. Witnesses | | |
| You must provide two witnesses, including one IMAM of a local masjid (when possible). We the undersigned solemnly witness that there is no one deserving of worship but ALLAH and that Muhammad (Peace Be Upon Him) is His Messenger, and that the above information is true to the best of our knowledge. | | |
| Name: | Phone: | Signature: |
| Name: | Phone: | Signature: |

| | | | | | | | | | |
|---|--|--|--|--|------|--|--|--|--|
| VI. Authorization & Signature | | | | | | | | | |
| I solemnly witness that the forgoing information is true to the best of my knowledge and I acknowledge the dire need of the amount of money requested. I attest to not having any savings, retirement plans, stocks, bonds, or other money. I understand that on the Day of Judgment I will be held accountable for the truthfulness of these statements. I authorize the MCT zakat committee to investigate my needs and income: | | | | | | | | | |
| Signature | | | | | Date | | | | |

| | | | | | | | | | | | |
|--|-----------------------------------|---------------------------------|---|---|---|------------|------------|--|--|--|--|
| VII. Official use Only | | | | | | | | | | | |
| The request is | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | | | | | Check # 1: | | | | |
| | | | | | | Check # 2: | | | | | |
| Name written on check, if different: _____ | | | | | | Check # 3: | | | | | |
| Note written on check: _____ | | | | | | | | | | | |
| Committee members initials | | | | | | Date | | | | | |
| | | | 1 | 2 | 3 | | | | | | |