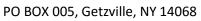
ISLAMIC SOCIETY OF NIAGARA FRONTIER



Phone: (716) 568-1013 www.ISNF.org

ZAKAH APPLICATION FORM

PART 1. ZAKAH APPLICANT'S INFORMATION

Name: First	Middle		
Last	Date of Birth:	Gender	
Address:	City	ZIP: NY	
Legal Status: Citizen, PR, Other:			
Marital Status: Married Divorced Wid	owed Single Tel: ()	
Number of children living with you:			
	Driver's License	Driver's License/ID Number & Expiry date	

PART 2: ZAKAH APPLICANT'S FINANCIAL INFORMATION

A. Do you or any of your household family member,				
Currently Employed?	yes	no	Total monthly wage: \$	
Receive government or other support?	yes	no	Total monthly support: \$	
Own property other than your primary resident?	yes	no		
Have more than \$ 5000 in cash?	yes	no		
Own more than 3oz of gold Jewelry or gold?	yes	no		
B. Check that best describes your need:				
Financial difficultyFun	eral	Medica	l	
Other				
C. Amount Requested: \$			_	
D. Brief Description of the Need:				

Continue to next page, PART 3 =>

ISNF OFFICAIL USE ONLY	
Application reviewed on/	_/ Reference Contacted: <i>yes no</i>
Application Reviewed by	Application Approved Amount: \$ Application Disapproved Reason for disapproval:
Committee Representive's Name and Signature:	

Please note that Zakah is a religious obligation and the recipient of Zakah must fulfil eligibility criteria to qualify. For us to review your Zakah application, the Zakah eligibility must be confirmed and certified by an Imam or representative of your local Islamic/Muslim Community Organization. Please make sure that following information, PART 3, is completed and signed by your area imam or the Muslim community representative. Please note that incomplete applications cannot be processed.

PART 3: CERTIFICATION OF ZAKAH ELIGIBILITY BY AREA MASJID REPRESENTATIVE

Following is completed by the local Imam/Commun	ity Representative.
Name of the Imam/Community Organization representative:	Name and Address of the Masjid/Community Organization the applicant belong to:
Title:	
Phone number where ISNF Zakah committee can reach you for confirmation: () Additional Comments, if any	
I hereby certify that	is eligible for Zakah funding.
	Imam/Recommender's Signature & Date
Official Seal of the Organization	

"I hereby declare that there is no deity worthy of worship but Allah (S.W.T.), and Muhammad (S.A.W.S.) is Allah's last and final messenger. I testify in front of Allah (S.W.T.) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakah."

Signature of the applicant: _____ Date: _____

IMPORTANT CHECK LIST:

- ✓ Make sure that all your information is complete in PART 1 and PART 2.
- ✓ Part 3 MUST be completed by the applicant's area masjid Imam or Muslim community organization official. No applications will be processed without Part 3 completed.
- ✓ Please attach a copy of valid ID (passport, driver's license or other official picture ID).
- ✓ If you are not an US citizen or green card holder, please attach proof of legal stay in the USA.
- ✓ Please note that an incomplete application will not be processed.

OFFICAIL USE ONLY NOTE: