



# MASJID FATIMA AL ZAHRA

## ZAKAT / FITRAH APPLICATION FORM

### APPLICANT INFORMATION

Name (Legal Name):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address:

Street: \_\_\_\_\_ Apartment/House: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: (If different from residential address):

Street: \_\_\_\_\_ Apartment/House: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Divorced ☐ Widow ☐ Single

Number of Dependents: (If any, please state relation/name/age of each dependent)

\_\_\_\_\_  
\_\_\_\_\_

Job Status: ☐ Employed ☐ Unemployed (If Unemployed, mention the reason):

\_\_\_\_\_  
\_\_\_\_\_



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Monthly Unemployment Income (If any): Amount: \_\_\_\_\_ From: \_\_\_\_\_

Total Monthly (Approx): Income: \_\_\_\_\_ Expense: \_\_\_\_\_

Are you receiving any other aid/assistance from government or any other Mosque/charities? ☐ YES ☐ NO

Have you received assistance from MASJID FATIMA AL ZAHRA before? ☐ YES ☐ NO  
*If Yes please state which one and their value (SNAP, Medicaid, etc)*

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Please state reason of the need for financial assistance in detail:

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#### IMPORTANT NOTE:

- Please print and fill this form clearly to submit to MASJID FATIMA AL ZAHRA for approval.
- Please fill complete information, Incomplete applications will be declined.
- Copy of picture id with full name and address and phone number must be included with this application, otherwise form will not be processed.



## MASJID FATIMA AL ZAHRA

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#### DECLARATION

I, \_\_\_\_\_ requesting financial assistance of Zakat/Fitrah funds due to my current financial situation. I swear by Allah, that I understand that there are strict eligibility requirements for Zakat/Fitrah funds and I have explained my situation truthfully as to why I am requesting financial assistance. I swear by Allah that according to my knowledge, my financial resources are below the current Zakat Nisaab and I am eligible for these funds.

I authorize Masjid Fatima Al Zahra to verify the information in this application and any documents submitted.

I understand that any misrepresentation and non-compliance by me voids the application and assistance.

Applicant's Muslim Name (if any): \_\_\_\_\_

Applicant (Legal) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Masjid Fatima Al Zahra has the right to interview applicant as considered necessary. You may be asked to come to Masjid Fatima Al Zahra and meet with our Zakat Committee.

#### FOR OFFICE USE ONLY

Masjid Fatima Al Zahra Zakat Committee reviewed the application on:

\_\_\_\_\_

Approved Donation of \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

If Declined, by: \_\_\_\_\_ Reason: \_\_\_\_\_

Comments, If Any: \_\_\_\_\_