Sadaqah / Zakat Application Form

Applicant's Name:	

Date of Birth:	MM/DD/YYYY	Gender:	Male / Female
Phone Number:		Email:	
Social Security #:		PA Driver's License #:	
Spouse Name:			

Street Address:	

City:	State:	Zip:

Place of Residence:	☐ Own Home ☐ Room Rental (in house) ☐ Subsidized (low income)	☐ Rental Apartment ☐ Shelter ☐ Other _____
If renting, does anyone share the rent with you?	☐ Yes ☐ No	If yes, how much is your share? $ _____

Number of Individuals Living with you: (use extra sheet if needed)

Name:	Date of Birth:	Gender:	Relationship:
		Male / Female	
		Male / Female	
		Male / Female	
		Male / Female	
		Male / Female	

Employment Status:	☐ Full-time ☐ Part-time ☐ Self-Employed ☐ Unemployed ☐ Other _____	
Job Description:		

Employer's Name / Address / Phone Number:

Total monthly income of the household? Please be sure to include all the benefits you are receiving from government like Food Stamps, Link Card, Housing, Disability, etc.	

Who else is employed in your household?

Name	Job Description	Income

Why you are applying for Sadaqah / Zakat? (Describe reason for which aid is sought. State the reason of your need, how much you need and how assistance for all or part of total from Sadaqah / Zakat funds will meet your needs. Be specific. Use extra sheet if needed)

Reference Name:	Phone Number:

DECLARATION:

By my signature below, I hereby attest that the above statements and the information provided is correct to the best of my knowledge.

- I agree to provide the statements and documentation in a timely manner.
- I understand that I am applying for help from Zakat and Sadaqah Fund, which shall be used only for the categories mentioned in Qur'an and Sunnah and I fully understand and shall abide by the decision of the Zakat committee.
- I understand that the approval of this application is dependent upon availability of the funds and this application meeting the approval criteria.
- I understand that this is a one-off emergency fund and it cannot continue on a reg basis.
- I promise that the funds shall not be used for any illegal means including any anti-government activities.
- I agree that the information provided can be shared with other Mosques and/or organizations for verification purposes.

Applicant's Signature:	Date:

INSTRUCTIONS:

- Please provide accurate and detailed information so as to enable a timely and effective application evaluation.
- Note that an incomplete form will not be considered for evaluation.
- Provide clear copies of:
  - ☐ 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 (all applicable pay stubs, letter from State stating you receive benefits and amount, SSI etc.)
  - ☐ Last two bank statements for ALL household members including spouse and children 18 and over.
  - ☐ Other documents that might help in the evaluation; such as medical reports, receipts, billing statements, utility bills, etc.
- Note that all provided documentation is considered the MCCGP property and will not be returned to the applicant.
- The committee will examine all provided information and will contact the references.
- Simply applying for Sadaqah / Zakat does not mean an automatic approval of the application.
- Normal application process time is typically two (2) weeks from the receipt of the application and may be longer. The MCCGP will be contacting all applicants.

(For Office Use Only)   Application ID: _____

Rejected: ☐ Date Rejected: ___ /___ / _____

Reason for Rejection, if any:

Approved: ☐ Date Approved: ___ /___ / _____

Date Paid: ___ /___ / _____

Amount Paid: $ _____

Check #:   _____

_____
(Zakat Committee Member Signature & Initials)

_____
(MCCGP Treasurer Signature)