



Muslim Community Center of Greater Pittsburgh

233 Seaman Lane, Monroeville, PA 15146

Phone: 412-373-0101 | Email: mccgpinfo@gmail.com | Web: <http://www.mccgp.org>

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: | <input type="checkbox"/> Own Home <input type="checkbox"/> Room Rental (in house) <input type="checkbox"/> Subsidized (low income) | <input type="checkbox"/> Rental Apartment <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____ | |
| If renting, does anyone share the rent with you? | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Full-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other _____ | | |
| Job Description: | <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed | | |
| 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 | |
| | | | |
| | | | |
| | | | |



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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:

(Zakat Committee Member Signature & Initials)

Approved: ☐ Date Approved: ____/____/____

Date Paid: ____/____/____

Amount Paid: \$ _____

Check #: _____

(MCCGP Treasurer Signature)