

## **ZAKAH REQUEST FORM INSTRUCTIONS & ZAKAH POLICY**

Assalamalaikum!

We are pleased to serve you and provide you temporary financial assistance through our zakah fund. Our zakah covers the following temporary financial assistance for:

- ✓ Past Due Apartment Rent
- ✓ Past Due Apartment Utilities
- ✓ Urgent Medical Prescriptions
- ✓ Food & Clothing
- ✓ Local Travel Costs/Expenses

**ADDITIONAL DOCUMENTATION:** We require the following documentation for your Zakah Request:

- **Passport OR Driver's License** or any **Government-Issued ID**
- Supporting Documentation that may assist us in the approval process:
  - For Rent & Utilities:
    - Past Due Utility Bills (Water & Electricity)
    - Rental Evacuation Letter
    - Contact Information of Apartment Complex or Management
    - Proof of Employment
    - W-2 Document
    - Latest Bank Statement
  - Employer Offer Letter OR Letter from Employer
  - For Medical:
    - Doctor's Prescription

**APPROVAL PROCESS AGREEMENT:**

- Our approval process typically takes 2-5 days to process depending on the amount requested and situation.
- Our approval process and review is conducted by our Zakah Committee.
- **ICC Tempe has limited Zakah funds and will do its best to accommodate your request**
- If ICC Tempe is not able to provide you funds, ICC Tempe Staff will provide you alternate options to apply for Zakah and get financial assistance
- **ICC Staff will call you and update you whether your zakah request has been approved or not**
- **Please note that: recipients can only receive zakah every 6 months.**
- **Applying for zakah more than twice in six months will be an automatic denial of your zakah request.**
- **Additional documentation may be required so please attach to this form**

I understand the above statements,

PRINTED NAME:	
DATE:	
SIGNATURE:	

OFFICE USE ONLY	
DATE OF REQUEST:	
REFERENCE NUMBER:	
AMOUNT REQUESTED:	

**ZAKAH REQUEST FORM****BACKGROUND INFORMATION**

<b>Name of Local Masjid You Attend:</b>	
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**PLEASE CHECK YES OR NO FOR THE ANSWERS BELOW**

<b>1. Are you Elderly? (55 Years or Older)</b>	<b>Yes</b>	<b>No</b>
<b>2. Are you Disabled?</b>		
<b>3. Are you a Refugee?</b>		
<b>4. Are you a Student?</b>		
<b>5. Are you a First Time Zakah Recipient from ICC?</b>		

**If you're a 2<sup>nd</sup> or more time Zakah Recipient from ICC, If so when and how much zakah was given?**

<b>DATE:</b>	
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<b>AMOUNT:</b>	
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**How did you find ICC Tempe?**

<b>ICC Tempe Website</b>	<b>Other:</b>
<b>Friend/Family</b>	<i>Please specify:</i>
<b>Social Media (Facebook, Twitter, etc.)</b>	
<b>Masjid (Masjid Name:</b>	

**COMMUNITY REFERENCE**

Name	Relation	Phone Number

**ZAKAH FROM OTHER MASJIDS**

<b>Have you received zakah from other masjids?</b>	<b>Yes</b>	<b>No</b>

<b>Masjid Name:</b>	
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<b>Amount:</b>	
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<b>Date Received:</b>			
<b>INDIVIDUAL (FORM A)</b>			
<b>First Name:</b>			
<b>Last Name:</b>			
<b>Date of Birth:</b>			
<b>Marital Status:</b>	<input type="checkbox"/>	Single	
	<input type="checkbox"/>	Married	
	<input type="checkbox"/>	Divorced	
	<input type="checkbox"/>	Widowed	
<b>Cell Phone Number:</b>			
<b>Home Phone Number:</b>			
<b>Current Address:</b>	Street		
	Apartment Number:		
	City		
	State		
	Zip Code		
I don't have a permanent address:	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>Nationality:</b>			
<b>License Number:</b>			
<b>Passport Number:</b>			
<b>Dependants?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>DEPENDANTS</b>			
<b>Name</b>	<b>Relation</b>	<b>Age</b>	

EMPLOYMENT STATUS (OF APPLICANT)		
<b>Employment Status:</b>		Full Time
		Part Time
		Unemployed
<b>Place of Employment:</b>		
<b>Position Title:</b>		
<b>Salary:</b>	Hourly:	
	Monthly:	
	Annual:	
<b>Supervisor Name:</b>		
<b>Supervisor Phone Number:</b>		
<b>Supervisor Email:</b>		
TOTAL INCOME		
ITEM #	TYPE OF INCOME	AMOUNT
1	Salary	
2	Savings	
3	Gov. Assistance	
4	Food Stamps	
5	Other (Specify):	
6	Other (Specify):	
<b>TOTAL:</b>		
TYPE OF ZAKAH REQUEST		
✓ (Check)	REQUEST TYPE	AMOUNT
	Rent	
	Clothing	
	Food	
	Utilities (Bills)	
	Medical Prescription	
	Other:	
<b>TOTAL:</b>		

ADDITIONAL DOCUMENTATION			
DIRECTIONS: Attach Additional Supporting Documentation on the back of this sheet.			
Rent & Utilities			
<b>Management Name:</b>			
<b>Phone Number:</b>			
<b>Address:</b>	Street		
	City		State
	Zipcode		
	Apartment #		

ACCEPTED DOCUMENTS:

**For Rent & Utilities:**

- ✓ Past due rental bills
- ✓ Past due utility bills
- ✓ Latest Bank Statement
- ✓ Copy of W-2 Form

**For Medical Expenses:**

- ✓ Medical Prescription



OFFICE USE ONLY				
<b>DATE PROCESSED:</b>				
<b>PROCESSED BY:</b>				
<b>PHONE NUMBER:</b>				
Y	N	ASSESSMENT		
		Elderly		
		Student		
		Disabled		
		Refugee		
		Has Dependants		
		Has Medical Expenses		
		First Time Zakah Recipient from ICC Tempe		
		Has received Zakah from ICC Tempe Before		
<b>AMOUNT REQUESTED:</b>				
<b>REQUEST IS:</b>		<i>Somewhat Urgent</i>	<i>Very Urgent</i>	<i>Extremely urgent</i>
ADDITIONAL NOTES:				
✓	ACTION TAKEN			
	<b>Refer to Other Masjid/Masjid Name:</b>			
	<b>Refer to Social Service Organization</b>			
	<b>Disapproved</b>			
	<b>Approved</b>			
	<i>Amount:</i>			
	<i>Check #:</i>			
	<i>Date:</i>			