



# IFN Zakat Committee

## Zakat Application Form

**[Personal and privileged information meant only for the use of authorized personnel. Please help us to help those who are in need. Accurate information will help us in evaluating the application properly. We comply with all government regulations for privacy of individual records.]**

**ONLY Part I, Part II (A) & Part II (B) to be filled-in by the Applicant for Zakat, or by someone on his / her behalf.**

### PART I - Identify the Masjid / Organization that you frequently visit:

Masjid's / Organization's Name  Phone #

### PART II (A) - Applicant's Personal Information:

Attached applicant's Driver License copy

Name  Driver's License #

E-mail  Phone  Marital Status

Address

### PART II (B) - Applicant's Circumstances:

Amount collecting from Government \$

Number of dependents  Dwelling  Monthly household income \$

Own a car  Employed Monthly household expense \$

Total value of savings/stock/jewelry, or other assets  Monthly loan payment \$

Requested Amount \$  Due date

Needed For/Purpose

Statement of special circumstances (if any):  
*(Please attach a 8.5" x 11" sheet of paper for additional comments, if any, and give it a page number 1.)*

Received Zakat before Date received  Name of the organization

I understand that the information provided is true and accurate to the best of my knowledge. I consent to this information to be used as personal and privileged.

Signature

Signature Date

\* Person who is filling the form on behalf of the Applicant

Name

Signature

Signature Date



*With the Name of Allah, The Most Beneficent, The Most Merciful*

# **IFN Zakat Committee**

## **Zakat Application Form**

Page 2 of 3

**Blank Paper can be used to describe special request**



# IFN Zakat Committee

## Zakat Application Form

\*\*\*\*\* For Office Use Only \*\*\*\*\*

**PART III - NOT to be filled-in by the Applicant. To be filled-in by the person recommending the applicant for Zakat :**

Recommended by:

Phone:

Address:

Recommended amount:

Organization:

Recommendor's Report:  
*(Please attach a 8.5" x 11" sheet of paper for additional comments, if any, and give it a page number 2.)*

Based upon my personal knowledge, I believe that this applicant is deserving and eligible to receive assistance from Zakat Fund.

Signature

Date

\*\*\*\*\*

Candidate Reference #

**Zakat Committee Comments (if any):**

*(Please attach a 8.5" x 11" sheet of paper for additional comments, if any, and give it a page number 3.)*

Amount Recommended by the Zakat Committee: \$

By Chairman:

Chairman Signature:

\*\*\*\*\*

Date Paid

Amount Paid:

Check #:

Treasurer's Signature: