



Ref. No. \_\_\_\_\_

# Zakat Application Form

Islamic Society of Greater Valley Forge  
958 N. Valley Forge Rd. Devon, PA 19333  
(610) 688-2209. Email: office@isgvf.com

Please provide accurate detailed information and supporting documentation. Note ISGVF representatives will call you and/or your references to verify the provided information. Incomplete forms will not be considered.

Please submit the following documentation copies to expedite your application for assistance:

- |                               |   |              |
|-------------------------------|---|--------------|
| Photo ID/DL                   | Social Security Card                              | Rent receipt |
| One month's pay stubs         | Any other bills, eviction notices, etc.           |              |
| Most recent Income tax return | Most recent bank statements, checking and savings |              |

## SECTION 1: APPLICANT INFORMATION

Applicant's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle) (list any other name)

Spouse Legal Name: \_\_\_\_\_  
(Last) (First) (Middle) (list any other name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Gender: Male / Female Age: \_\_\_\_\_ Marital Status: Single / Married / Divorced / Widowed

Masjid or Islamic Center you attend frequently or associated with: \_\_\_\_\_

Do you speak English? Yes / No; If No, What is your primary language? \_\_\_\_\_ and can you provide your own translator? Yes / No

Employment Status: Full-Time / Part-Time / Unemployed / Self-Employed

If Employed, where: \_\_\_\_\_ Job Title: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Dependents: \_\_\_\_\_ If married, is your spouse employed: Yes / No

Place of Residence: Own / Rental Apartment / Subsidized Housing / Shelter / Other

Health insurance: Insured / Medicaid/Medicare Education: \_\_\_\_\_

## SECTION 2: FINANCIAL ASSISTANCE INFORMATION

Requested Amount: \_\_\_\_\_ Reasons for Zakat Financial Assistance (use extra sheet if necessary): \_\_\_\_\_

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

Aid History: Please check any of the following aid you have received within the last calendar year.

SSA/SSI Benefits  SNAP Benefits  Medicaid (state) / Medicare (National)  None



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**References:** List the names, phone numbers and relationship of anyone with whom you are familiar with, and can substantiate the information you provided above.

References should NOT be immediate relatives or people who live with you.

1. Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Any Financial Assistance received in last 12 months:**

- From ISGVF: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_
- Other organizations, Names: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_ Amounts: \_\_\_\_\_ Dates Received: \_\_\_\_\_

*I testify by Almighty God that the information provided in this application is true and accurate to the best of my knowledge. I agree that the information provided in this application is to be used by the committee for Zakah request purposes only.*

**Applicant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Person who is filling the form for Applicant:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **SECTION 3: ZAKAT COMMITTEE**

**Case Worker:** \_\_\_\_\_ **Amount Approved:** \_\_\_\_\_ **Allocation Fund:** Zakat

**Case Worker/Committee Approval or Rejection comments:** \_\_\_\_\_

**Zakat Committee comments and approval listed here or retrieved from email**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Amount paid:** \_\_\_\_\_

**Check No:** \_\_\_\_\_ **Issue date:** \_\_\_\_\_

**Treasurer Sig:** \_\_\_\_\_

**Check:**                      **Mailed**                      **Picked:**