

## SADAQAH / ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of SADAQA / ZAKAT funds, every applicant **MUST** submit clear copies of the following:

1. Photo ID: For the applicant, and all dependents; Driver's License, State Issued ID or Passport.
2. Social Security Card (for all those that provided photo ID as identification)
3. Lease Agreement (if renting)
4. Proof of income (i.e. last pay stub)
5. Other documentation that might help in the evaluation, such as medical reports, receipts, billing statements, etc.

**Complete ALL portions of this form.** Write clearly. (All information is confidential and intended only for restricted internal use by authorized Islamic Center of Richmond (ICR) personnel and used exclusively for the SADAQA / ZAKAT request.

APPLICANT AND FAMILY INFORMATION			
Last Name: Ahmed	First Name: Soad	M.I.:	Application Date: 08/26/2016
Date of Birth 06/01/1975	Social Security No: 104 82 3300	Picture ID #: T60822014	
Street Address 7711 Matisse way			Apartment/Unit #:
City: Springfield	State: VA	Zip: 22153	
Phone(s): 703 653 4677	Email Address: sa1710383@gmail.com		
Marital Status [Check One]:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widow
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, Immigration Status:	
Total Monthly Income of All People in the Household: \$			
Place of Residence [Check One]:	<input type="checkbox"/> Own Your Home	<input checked="" type="checkbox"/> Rental Apartment	<input type="checkbox"/> Room Rental
	<input type="checkbox"/> Low-Income Housing	<input type="checkbox"/> Shelter	Other:

EXPENSES	
Rent / Mortgage: \$ 1550	Groceries: \$ 300
Utilities – Electric: \$ 100	Utilities – Phone: \$ 100
Utilities – Gas: \$ 50	Utilities: Gas for Car: \$ 100
Car Insurance: \$ 450 every 6 month	Health Insurance: \$ for kids only
Alimony: \$ n/a	Other Describe: \$

NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF):	
Name: Soad Ahmed	Age:40
Name: Amir	Age: 18
Name: Aymen	Age: 15
Name: Ahab	Age: 12
Name:	Age:
Name:	Age:
Name:	Age:

EMPLOYMENT STATUS (CIRCLE ONE)				
Full-Time	Part-Time	Unemployed	Self-Employed	Other
<p>NEED: Provide detailed reasons for requesting assistance, please be specific. Attach a separate sheet if more space is needed</p> <p>behind my rent for 2 months,, need some assistance with kids clothes, shoes and Back back to schools thank you</p>				
<p><b>Have you applied for SADAQAH / ZAKAT assistance before with ICR: ( ) Yes ( X ) No</b></p> <p><b>If Yes, When:</b></p> <p><b>Are you receiving assistance from other organizations, provide name(s) Medicaid for kids:</b></p>				

REFERENCES	
Please list at least one (1) individual – references who can confirm and verify the information you have provided on this application. References should be immediate relatives, people who live with you, or current SADAQAH / ZAKAT recipients.	
#1 Full Name: Haben Brahne	Relationship: land lord
Address:	Phone(s):202 4150496
#2 Full name:	Relationship:
Address:	Phone(s):

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge	
( x ) I have read and understand the criteria for considering my application for SADAQAH / ZAKAT (If yes, check box).	
Applicant Signature: Soad Ahmed	Date Signed:

**For Internal Use Only**

Review By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_