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, recipts, bulling 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 IMFORMATION				
Last Name:	First Name:		M.I:	Application Date:
Date of Birth	Social Security No:			Picture ID #:
Street Address				Apartment/Unit #:
City:	State:			Zip:
Phone(s):	Email Address:			
Maritial Status [Check One]:	( ) Single	( ) Married	( ) Divorced	( ) Widow
Are you a citizen of the United States? ( ) Yes ( ) No		If no, Immigration Status:		
Total Monthly Income of All People in the Household: $				
Place of Residence [Check One]:	( ) Own Your Home		( ) Rental Apartment	( ) Room Rental
	( ) Low-Income Housing		( ) Shelter	Other:

EXPENSES	
Rent / Mortgage: $	Groceries: $
Utilities - Electric: $	Utilities - Phone: $
Utilities - Gas: $	Utilities: Gas for Car: $
Car Insurance: $	Health Insurance: $
Alimony: $	Other Describe: $

NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF):	
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

EMPLOYMENT STATUS (CIRCLE ONE)				
Full-Time	Part-Time	Unemployed	Self-Employed	Other

NEED: Provide detailed reasons for requesting assistance, please be specific. Attach a separate sheet if more space is needed

Have you applied for SADAQAH / ZAKAT assistance before with ICR: ( ) Yes ( ) No

If Yes, When:

Are you receiving assistance from other organizations, provide name(s):

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:	Relationship:
Address:	Phone(s):
#2 Full name:	Relationship:
Address:	Phone(s):

DISCLAIMER AND SIGNATURE
I certify that my anaswers are true and complete to the best of my knowledge
( ) I have read and understand the criteria for considering my application for SADAQAH / ZAKAT (If yes, check box).

Applicant Signature:	Date Signed:

For Internal Use Only

Review By: _____ Date Reviewed: _____

Approved By: _____ Date Approved: _____

Approved By: _____ Date Approved: _____