



AMCC ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of Zakat funds, every applicant must submit clear copies of the following:

- Photo ID: For the applicant, spouse and all dependents; Driver's License, State Issued ID or Passport.
- Social Security Card (for all those that provided photo ID as identification).
- Lease agreement (If renting).
- Proof of income (i.e. last pay stub).
- 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 AMCC Zakat committee personnel and used exclusively for evaluation for Zakat requests.)*

Name _____
 Application Date _____
 Date of Birth _____
 Circle one: Picture ID # or Driver's License # _____

INFORMATION NEEDED FOR HEAD OF HOUSEHOLD/FAMILY

Street Address _____
 City _____ State _____ Zip _____
 Primary Phone _____
 Alt. Phone _____
 Email _____

Marital Status [Check One]: Single Married Divorced

Total Monthly Income of ALL Persons in the Household: \$ _____

Place of Residence: Own Your Home Rental Apartment Room Rental
 Shelter Low-income housing Other _____

EXPENSES

Rent: \$ _____ Utilities \$ _____ Other \$ _____

Describe NUMBER OF FAMILY MEMBERS _____ *(including yourself)*

Names of Family Members (including yourself)

Name _____ Age _____
 Name _____ Age _____



AMCC ZAKAT ASSISTANCE APPLICATION FORM (Cont...)

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

EMPLOYMENT STATUS (check one)

Full-time Part-time Unemployed Self-Employed

Other NEED: Detailed reasons for requesting assistance (please be specific)

Have you applied for Zakat assistance before? No Yes If so, when? _____

REFERENCES

Notice: Please list at least two individuals—references who can confirm and verify the information you have provided on this application. References should not be immediate relatives, people who live with you, or current zakat recipients.

Reference No. 1

Name _____ Phone _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Reference No. 2

Name _____ Phone _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Applicant Signature _____ Signed _____

I have read and understand the criteria for considering my application for Zakat. (If yes, check box.)