



Islamic Center of Maryland

Paving the Way to Enlightened Hearts!

19411 Woodfield Road, Gaithersburg, MD 20879  
[www.icomd.org](http://www.icomd.org) | 240.912.4976 | [zakat@icomd.org](mailto:zakat@icomd.org)

## Zakat Assistance Application

(This application can be filled online as well by going to [www.icomd.org/zakat](http://www.icomd.org/zakat))

This form is to be used for providing financial assistance to any Muslim who is zakat-eligible. The person must be a good standing member and part of the Muslim community. The form must be completed in its entirety along with submission of all supporting documentation. The application cannot be processed without all the required documentation provided.

- Application can be submitted by the applicant in person at the ICM Office, via USPS or online with supporting documentation. Application may not be processed without supporting documentation.
- Applicant is responsible for reporting all Zakat assistance income to the IRS and other government agencies for any tax and legal reporting purposes.
- You authorize the ICM to share, report and verify information provided on this form for the purposes of this request with any local, state and federal organizations, including other Islamic organizations and Mosques as needed.
- Please allow at least 10 business days for the Zakat Committee to review and process your application.

### Required Documentation

- Copy of a valid US government issued photo ID (i.e. Driver's License, Passport)
- Copy of Social Security Card or another form of government issued ID.
- Copy of any outstanding bills for living expenses (rent, utilities, medical, etc.)
- Proof of all current income. If no income, then a statement on how you plan to provide for your expenses in the future if your application is approved.
- Please use additional sheets paper to provide details for any of the information requested below.
- If you are **NOT** from **Montgomery County Maryland**, you must provide a letter from your local Masjid Imam or Director stating their inability to help and referring your case to ICM.
- If you have any extenuating personal circumstances and are seeking any exception by the Zakat Committee, please detail your request on a separate sheet of paper along with references for verification.
- Upon review of application, ICM may request more documentation to determine eligibility.

**PERSONAL INFORMATION**

Applicant Name:		DOB:
Address:		
Phone:	Email:	SSN:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Have you applied for Zakat from ICM before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (denied)		
Date Applied		Have you applied at any other mosque or Islamic Organization for assistance in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details on the last page.
Total Received	\$	
Masjid Currently Attending		

**FINANCIAL DETAILS**

INCOME	AMOUNT	EXPENSES	AMOUNT
Salary from Work	\$	Rent/Mortgage	\$
Social Security Income (SSI)	\$	Utilities/Phone	\$
Child Support	\$	Debt	\$
Food Stamps	\$	Health Insurance	\$
Subsidized Housing	\$	Groceries/Food	\$
Other Income	\$	Other (explain)	\$
Family/other Zakat support	\$	Other (explain)	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**ZAKAT NEEDS**

Rent	\$	Food	\$
Medical	\$	Other Needs	\$
<b>Total Requested</b>	<b>\$</b>		

**FAMILY & DEPENDENT INFORMATION**

No.	Name	M/F	Age	Relationship to you
1				
2				
3				
4				
5				
6				

**REFERENCES (Please provide names of who can be contacted for verification purposes)**

Name	Phone	Relationship to you

**REASON FOR APPLYING FOR ZAKAT**

**PERSONAL STATEMENT**

I, \_\_\_\_\_ accept and testify to the following:

1. ICM may verify ALL information contained in this application from the appropriate sources.
2. The information given on this application is true and complete to the best of my knowledge.
3. I acknowledge that I stand before Allah (SWT) in truth and Allah (SWT) is my witness.
4. If knowingly I give false or misleading information on this application I may be disqualified from requested assistance.
5. I authorize ICM to share all pertinent information with other organizations as needed.

Signature:

Date: