



www.globaldeafmuslim.org

Zakat Assistance Application

This application can be found online as well by going to www.globaldeafmuslim.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 may not be processed without supporting documentation. Please make sure you provide your contact information.
- ☐ 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 GDM 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 Masjids as needed.
- ☐ Please allow at least two weeks for the Zakat Committee to review your application.

Required Documentation

- ☐ Copy of a valid government issued photo ID (i.e. Driver's License, Passport)
- ☐ 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 of paper to provide details for any of the information requested below.
- ☐ 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, GDM may request more documentation to determine eligibility.

| PERSONAL INFORMATION | | | |
|--|----|---|------|
| Applicant Name: | | | DOB: |
| Address: | | | |
| Phone: | | Email: | |
| 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 GDM 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 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details on the last page. | |
| Total Received | \$ | | |

| MONTHLY 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) | \$ |
| TOTAL | \$ | TOTAL | \$ |

| ZAKAT NEEDS | | | |
|-----------------|----|-------------|----|
| Rent | \$ | Food | \$ |
| Medical | \$ | Other Needs | \$ |
| Total Requested | \$ | | |

| 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. GDM USA 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 GDM to share all pertinent information with other organizations as needed.

Signature:

Date:

| |
|------------------------------|
| For Official Use Only |
|------------------------------|

| Date | Action Taken |
|------|--------------|
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