



Islamic Society of Greater Dayton

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# Islamic Society of Greater Dayton

**In the name of Allah, the Most Beneficent, the Most Merciful**

## **Zakat Application – Please allow 3-5 business days for processing**

Instructions; Please help us to assist those in need of Zakat. Please provide accurate and detailed information so we may evaluate Zakat. Request in a timely and effective and provide other forms of picture identifications. We may share this information with other Muslim in Islamic organizations and SSA/I, Medicare, Medicaid and section 8.

1. First name: \_\_\_\_\_ Last-name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Phone Number: ( ) \_\_\_\_\_ 3. Email: \_\_\_\_\_  
address: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ 5. Social Security #: \_\_\_\_\_
6. Marital Status: Single [ ] Married [ ] Divorced [ ] Widowed [ ]
7. Are you currently employed? Yes [ ] No [ ]
8. Number of dependants in your household: \_\_\_\_\_
9. Total income of all the members in your household including link card, child support, Medicaid, subsidized housing, any pension, assistance program and social security: \$ \_\_\_\_\_
10. Amount you are requesting: \$ \_\_\_\_\_
11. Place of Residence: Own [ ] Rent [ ] Shelter Name \_\_\_\_\_
12. Need/Purpose of Zakat amount requested: \_\_\_\_\_
13. Special circumstances (if any): \_\_\_\_\_
14. Government aid (circle all that apply): Food Stamps / Link Card / Child Support / Medicaid / Medicare / Subsidized Housing / Military pension energy/ Assistance Program / Social Security.
16. Reference/Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

By signing this form, I understand that the applicant information provided on this form is true and accurate to the best of my knowledge and consent to its use in connection with this request for Zakat. Anything I will submit will become property of ISGD. Falsifies this Application will automatically disqualified me from any Zakat from ISGD.

I agree, Signature: \_\_\_\_\_

ISGD USE ONLY:

Decision of the Committee/ Comments: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

**(All Information on this form will be treated as confidential)**