



Islamic Center of Des Moines

6201 Franklin Avenue Des Moines, IA 50322

ZAKAT ASSISTANCE APPLICATION FORM (page 1 of 2)

Applicant must submit clear copies of the following:

1. Photo ID: of the applicant; Driver’s License, State Issued ID or Passport
2. Lease agreement (if renting)
3. Proof of income (i.e. last pay stub, bank statements)
4. Notice of Decision from the Department of Human Services (DHS)
5. Other documents, such as medical reports, receipts, billing statements, notice of nonpayment etc.

Please complete **both sides** of this form. All information is confidential and intended only for restricted internal use by authorized Masjid personnel and used exclusively for evaluation for Zakat requests.

INFORMATION OF THE APPLICANT

Name _____ Application Date _____

Date of Birth _____ Driver’s License or Picture ID # _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternative Phone _____ E-mail _____

Marital Status [Check One]: Single Married Divorced Widow

Employment Status [Check One]: Full-time Part-time Unemployed Self-Employed Retired

INFORMATION OF FAMILY MEMBERS (those who live with the applicant at the above address)

Name	Age	Relation with you	Employment Status

STOP! For Official Use Only (Do not fill up the table below)

Evaluation by the Zakat Committee	Notes by the Treasurer/President



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Place of Residence [Check One]: () Own Your Home () Rental Apartment () Room Rental

() Shelter () Low-income Housing () Other _____

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

(Include all types of income that your family received in the most recent month, such as, wages, child supports, unemployment benefits, food stamps, social security benefits, retirement benefit/pension)

EXPENSES

Rent: \$ _____ Utilities: \$ _____

Other: \$ _____ Describe _____

NEED: Reasons for requesting assistance (please be specific)

Amount of dollars needed: \$ _____

REFERENCES

Please list two individuals who can confirm and verify the information you have provided on this application. Individuals 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 Code _____

Reference No 2.

Name _____ Phone _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

By signing below, you certify that you have read and understood all the questions asked in this application. You have not given any false information. You have not hidden or understated any income or benefits that your family receives.

Signature _____ Date _____