

# MID-HUDSON ISLAMIC ASSOCIATION

Masjid Al-Noor, 125 All Angels Hill Road  
Wappinger Falls, NY 12590 (845) 297-0882  
www.mhiawappingers.org

## ZAKAT APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

INSTRUCTIONS: Please use the following checklist to make sure you have completed your application thoroughly.

	I have read and understand all policies and procedures with regard to applying for assistance through Fitra and/or Zakat.
	I have provided as many of the following supporting documents as I am able to MHIA (please do not submit originals, copies only): <input type="radio"/> Copy of Drivers' License or other Government Issued ID <input type="radio"/> Proof of residence in Dutchess County <input type="radio"/> IRS filings for the last tax year <input type="radio"/> Overdue Bills <input type="radio"/> Copies of your last 2 W2 or 1099 Forms <input type="radio"/> Summary of your monthly expenses
	I have provided the following documents for each of my dependents: <input type="radio"/> Proof of guardianship for minors (birth certificate, adoption records, etc.) <input type="radio"/> Proof of residence for non-minors (letters from school, etc.)
	I have completed all sections of the application legibly and in print.
	I have signed and dated the attached Informed Consent Form and agree to all rules and conditions named within.
	I have made copies of documents for my own records.

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DEMOGRAPHIC INFORMATION		
Please PRINT		
APPLICANT NAME:	<input type="radio"/> FEMALE	<input type="radio"/> MALE
DATE OF BIRTH:	DRIVERS LICENSE #	
STREET ADDRESS:		
CITY:	STATE:	ZIPCODE:
HOME PHONE:	CELL PHONE:	EMAIL:

EMPLOYMENT INFORMATION		
If unemployed, please list information the most recent job you held.		
EMPLOYMENT STATUS: <input type="radio"/> EMPLOYED <input type="radio"/> UNEMPLOYED <input type="radio"/> UNDEREMPLOYED		
COMPANY/EMPLOYER'S NAME:	MANAGER'S NAME:	CURRENT POSITION:
ADDRESS:		
PHONE NUMBER:	EMAIL:	
DURATION:	CURRENT/LAST WAGES:	REASON FOR LEAVING (IF APPLICABLE):

APPLICATION STATUS	
<input type="radio"/> NEW APPLICATION	DATE OF LAST APPLICATION:
<input type="radio"/> RENEWAL OF APPLICATION	

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ASSISTANCE NEEDS	
Please check all that apply	
Please provide copies of all relevant bills	
	AMOUNT REQUESTED
HOUSING (RENT, MORTGAGE, ETC)	\$
ELECTRICITY	\$
GAS	\$
FOOD	\$
TRANSPORTATION	\$
SPECIFY OTHER: _____	\$
ESTIMATE TOTAL AMOUNT NEEDED: \$ _____	

**\*PLEASE NOTE THAT MHIA WILL PAY BILLS DIRECTLY TO UTILITY COMPANIES\***

HAVE YOU APPLIED FOR ASSISTANCE GOVERNMENT AGENCY/ISLAMIC ORGANIZATION? <input type="radio"/> YES <input type="radio"/> NO
HAVE YOU RECEIVED ASSISTANCE FROM MHIA IN THE LAST 12 MONTHS? <input type="radio"/> YES <input type="radio"/> NO
LIST TYPE AND AMOUNT OF ASSISTANCE RECEIVED: _____ _____

APPLICANT'S DEPENDENTS				
Please PRINT				
TOTAL NUMBER OF DEPENDENTS LIVING WITH YOU: _____				
	FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP
1				
2				
3				
4				
5				

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## STATEMENT

Please read and sign

I testify, in the name of Allah (SWT), that all information provided above and in all available supporting documents is true and accurate to the best of my knowledge. I agree that the information provided above is to be used for by the Zakat Disbursement Committee for the purposes of assessing financial assistance only.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

## NOTICE OF CONFIDENTIALITY

I understand that MHIA will take all reasonable measures to insure the confidentiality of my personal information. I understand that MHIA does not guarantee the confidentiality of this information. This form contains personal and confidential information intended only for the restricted, internal use of the Zakat Disbursement Committee for the purpose of evaluating Zakat/Fitra distribution. Unauthorized use, copying, distribution or dissemination of this the information is strictly prohibited.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

## FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

APPROVED ON: \_\_\_\_\_

DEFERRED/DENIED ON: \_\_\_\_\_

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## FOR OFFICE USE ONLY

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