

MID-HUDSON ISLAMIC ASSOCIATION

Masjid Al-Noor
125 All Angels Hills Road
Wappingers Falls, NY 12590
(845)-297-0882

www.mhiawappingers.org

Zakat/Sadaqah Application

Incomplete forms will not be processed.

Must fill every box - Enter N/A if the category does not apply to your situation.

Please allow for sufficient time for review and processing once applications are received.

Please submit your applications to: **MHIAZakatCommittee@gmail.com or in person to Imam of MHIA**

| Personal Information: | | | | | | |
|--|--|---------|--|------------------------|----------|----------------------|
| Name: | | Gender: | | Date of Birth: / / | | |
| Do you go by a different name? | | | Do you have transportation or own a car? | | | |
| Phone: | | Email: | | Drivers License ID #: | | |
| Social Security # | | | | | | |
| Legal Status (please provide a copy): <input type="checkbox"/> US Citizen <input type="checkbox"/> Green Card holder <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Other | | | | | | |
| Address: | | | | | | |
| How long at this address? | | | Monthly Rent/Mortgage: | | | |
| Residence Status (circle one): | | Own | Rent | Parents | Friend | Shelter Other: _____ |
| Highest Education Completed: | | | | Certifications/Skills: | | |
| Have you applied to MHIA for financial assistance in the past 24 months? <input type="checkbox"/> No <input type="checkbox"/> Yes (Denied) <input type="checkbox"/> Yes | | | | | | |
| Date Applied: | | | Amount Received: | | | |
| Marital Status: (circle one) | | Married | Single | Separated | Divorced | Widowed Other |
| Name of the main Masjid, where you attend prayers: | | | | Telephone: | | |

| Family and Dependent Information (Includes Spouse and Children) | | | | | | |
|---|------|--------------|--------------|-----|--------|------------------------|
| No. | Name | Relationship | Legal Status | Age | Gender | Income (if applicable) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| Employment Details | | |
|---------------------------------|-----------------|------------|
| Employment Status: (circle one) | Employed | Unemployed |
| Employer Name: | Position: | |
| Employer Contact Person: | Employer Phone: | |
| Employer Email: | Occupation: | |

| Financial Information | | | | | |
|-------------------------------|-----------|-------------|-----------------------|-----------|-------------|
| Income | Self (\$) | Spouse (\$) | Expenses | Self (\$) | Spouse (\$) |
| Employment Salary: | | | Housing: | | |
| Cash and Savings Account | | | Car Payment: | | |
| Checking Account: | | | Car Insurance: | | |
| Social Security Income (SSI): | | | Utilities (Electric): | | |
| Food Stamps: | | | Insurance | | |
| Child Support: | | | Phone Bills: | | |
| Disability: | | | Wi-Fi Bills: | | |
| Government Aid: | | | Medical Bills: | | |
| Unemployment: | | | Groceries/Food: | | |
| Family Support: | | | Debts: | | |
| Other Zakat Support: | | | Other: | | |
| Investments/Pension: | | | Other: | | |
| Total: | | | Total: | | |

| Assets: | |
|---|--------------|
| Type of Asset: (Please Explain) | Total Value: |
| Jewelry: (Specify each item along with its weight individually): | |
| Gold: | |
| Silver: | |
| Stocks and or other investments: | |
| Property: | |
| Debts owed to applicant: | |
| Items not regarded as necessities (televisions, game consoles, and others): | |

| Financial Assistance Needs: | | | |
|--------------------------------|-------|----------|--------|
| Rent: | Food: | Medical: | Other: |
| Total Amount Requested: | | | |
| Reason for applying for Zakat: | | | |

What plans do you have to achieve financial stability within the next 6 months?

Have you received financial assistance from any other Masjids or local community members?

Document Checklist: Please provide the following:

| Incomplete applications will not be processed. | Please Initial: |
|--|------------------------|
| 1. Copy of Drivers License or Government Issued ID (inc. spouse) | |
| 2. Proof of Legal Status | |
| 3. Proof of Residence in Dutchess County | |
| 4. Copy of 1st page of your previous tax returns (State/Federal) | |
| 5. Proof of Residence (Recent Utility Bill, Lease Agreement, Mortgage Statement) | |
| 6. Last 3 paychecks received | |
| 7. Canceled Check/Money order for rent/housing | |
| 8. Last 3 months bank statements for all accounts | |
| 9. Proof of guardianship for minors (birth certificate, adoption records, etc.) | |
| 10. Proof of residence for non-minors (letters from school, etc.) | |

Acknowledgment Statement:

I, _____ hereby testify in the name of Allah (swt) and accept the following:

1. All the information provided are genuine and authentic to the best of my knowledge.
2. MHIA will verify ALL information contained in this application from appropriate sources.
3. I will notify the MHIA if any changes occur that disqualify me from being an eligible recipient of Zakat.
4. I accept I do not possess any surplus assets (over my necessities which can fully settle my expenses/debts).
5. If I knowingly give false/misleading information I may be disqualified from requested assistance.
6. I further agree to release Zakat Committee members from any claims and demands of action I may have against MHIA, as a result of omission, acceptance, rejection, suspension or termination of my application.
7. I authorize MHIA to share all pertinent information with other organizations as needed.
8. MHIA has the sole right to grant or refuse assistance at its discretion, without explanation.
9. I am an eligible recipient of Zakat according to Shariah law.
10. I am also available to meet with Zakat Committee to discuss this application and a long-term solution to my financial condition.
11. Application must be submitted by applicant only. Zakat Committee will not accept applications thru third party nor communicate with third party. This will lead to immediate disqualification.
12. MHIA will not assist with paying legal fees from Sadaqah or Zakat.

Notice of Confidentiality:

I understand that MHIA will take reasonable measures to insure the confidentiality of my personal information. However, I also 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/Sadaqah distribution. Unauthorized use, copying, distribution or dissemination of this the information is strictly prohibited.

Signature of Applicant:

Date:

For Office Use Only:

Applicant Name: _____

Approved (circle one): Yes No

Denied (circle one): Yes No

Amount Approved: _____

Notes: