



# ISLAMIC CENTER OF VIRGINIA

1241 Buford Road North Chesterfield, Va. 23235 Tel: 804-320-7333

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APPLICATION DATE: \_\_\_\_\_

## **Sadaqah/Zakat/Refugee Request Form**

*(Please print legibly)*

Name (legal name/Muslim Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Alternate (work or mobile): ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

### **Financial Status:**

#### **Monthly Income** (from all sources)

Job: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
Government Institutions: \$ \_\_\_\_\_ Private Institutions \$ \_\_\_\_\_

#### **Monthly Expenses:**

Rent/Mortgage: \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Food \$ \_\_\_\_\_  
Transportation: \$ \_\_\_\_\_ School Tuition: \$ \_\_\_\_\_ Medical Bills \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

#### **Situation: (please describe reason for aid)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ JZK

By signing below, you agree to use the money you receive from the Islamic Center of Virginia for personal expenses only, such as living expenses, educational expenses, food, healthcare expenses and other such personal needs for you and your family. The Islamic Center of Virginia, its officers and its



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members do not condone the use of any money you receive for anything other than personal expenses and personal needs, and do not assume any liability for uses outside of those considered personal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following must be included with your application for it to be reviewed and processed:**

- 1) Copy of Driver's License or passport
- 2) If applying for rent or utilities assistance, we will need a copy of rent receipts, mortgage payment or utility bill
- 3) Copy of birth certificates for all family members (if applying for family assistance)
- 4) Copy of Social Service Identification

**Notes:**

- The Islamic Center of Virginia serves only the Greater Richmond Area,
- If there are no references, the application will be delayed in processing
- The Islamic Center of Virginia reserves the right to deny any application without explanation,
- Financial Assistance is available to an individual or family once per year. Emergencies will be considered.

**Committee Decision:**

Date	Action		
	Pending Further Information	Approved Amount:	\$
	Not Approved	Check Number:	#
	Suggested Amount \$	Check Date:	/ /

Imam Ammar \_\_\_\_\_

Jamiel Adeyola \_\_\_\_\_

Dr. Safwat Ahmad \_\_\_\_\_

Fund:            Sadaqah \_\_\_\_\_ Zakat \_\_\_\_\_ Refugee \_\_\_\_\_

**TEAM NEEDS TO SIGN TO SHOW APPROVAL**  
**APPROVAL REQUIRES SIGNATURES OF AT LEAST TWO APPROVALS**  
**APPLICATIONS MUST BE CHECKED IN SADAQAH DATABASE**  
**PLEASE PLACE APPROVAL APPLICATION IN TREASURER'S BOX**