



**THE BRONX ISLAMIC SOCIETY, INC**  
**Mail to: 1726 E 172<sup>nd</sup> Street Bronx, NY 10472 Tel 347-862-2360**  
**APPLICATION FOR ELIGIBILITY FOR ZAKAT & SADAKATUL FITR ASSISTANCE**

Please print clearly. Case ID# (staff use only):

**Personal Information:**

Applicant's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Phones: home: \_\_\_\_\_ office: \_\_\_\_\_ cell: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  M  F Spouse's Age: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Savings a/c: \_\_\_\_\_ Other: \_\_\_\_\_

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

**Dependent Children and other household members:**

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Male/Female</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Please give name, position, phone number of mosque or other religious center official who can serve as a reference:

<u>Name</u>	<u>Position</u>	<u>Phone Number</u>	<u>Organization</u>
_____	_____	_____	_____

Please read the following carefully before signing:  
 I (and, if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. I/we attach a copy of verifying documents related to this request. I/we grant The Bronx Islamic Society Inc permission to contact my Masjid and my witnesses for purposes of verifying and/or supplementing the information in this Application. I/we also understand that The Bronx Islamic Society Inc may seek my or another local Masjid's cooperation in resolving my situation.. I/we solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the foregoing information is true to the best of my/our knowledge.

Applicant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnesses: [Witnesses must be UNRELATED to applicant and must not live in the same household.]

PLEASE PRINT CLEARLY.]

I, the undersigned, solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the above information is true to the best of my knowledge.

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phones: home: \_\_\_\_\_ office: \_\_\_\_\_ cell: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Decision: (for Office use only):