



Application for Financial Assistance

All information provided on this application will be kept confidential

Instructions:

1. All questions on this application must be answered to determine eligibility
2. The zakat policy of IST states that applicants may apply for zakat assistance only once every 12 months, unless there is a dire emergency. If applicant requires multiple assistance in a year, Application for Financial Mentoring will be required.

Applicant Information

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (Day) _____ (Evening) _____ Cell Phone: _____

Marital Status: (Circle) Married Single Separated Divorced Widowed

Name of Spouse: _____

Other Persons in Household

1. Name: _____ Relationship: _____ Age: _____

2. Name: _____ Relationship: _____ Age: _____

3. Name: _____ Relationship: _____ Age: _____

4. Name: _____ Relationship: _____ Age: _____

Are you authorized to work in the United States? _____

Have you ever received assistance for IST? _____ If yes, when? _____

Amount of assistance requested: \$ _____

Reason and/or purpose for the amount requested:

Declaration

I (and, if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. I/we also understand that I/we may be asked to participate in the Mentoring program as a condition of any grant or assistance. 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.

Applicants Signature

Date

Witness:

We the undersigned solemnly witness that there is no one deserving of worship but Allah, and that Muhammad (Peace Be Upon Him) is His Messenger, and that the above information is true to the best of our knowledge.

Witness Name

Signature

Date

IST Zakat Assistance Application Reviewer's Comments

Other sources of assistance which should be considered. Discuss with applicant and check those which may should be explored.

Food Stamps / Link Card
Social Security Benefits or Supplemental Security Income (SSI)
TANF (Temporary Needy Family Assistance)
Medicaid (*State*) / Medicare (*National*)
Subsidized Housing, Public Housing Shelter
WIC (Women, Infant, Children) Food Supplementary Program

Mother and Child Program
Energy Assistance Program
Senior Services
Government Student Loans / Scholarships
Alimony
Child Support
Other: _____

Application reviewed by: _____ Date: _____

Recommendations: _____

Approved: Yes No If no, reason: _____

Check Number and Date: _____

Signature: _____ Date: _____
Reviewer, Zakat committee

Signature: _____ Date: _____
Chair/Voice Chair, Zakat committee