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Zakat Assistance Eligibility Form

NOTICE OF CONFIDENTIALITY: This Zakat Form includes highly personal and Confidential Information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakat requests. Unauthorized use, copying, distribution or dissemination is strictly prohibited.

INSTRUCTIONS:

- Please provide accurate and detailed information so as to enable a timely and effective application evaluation.
-Note that an incomplete form will not be considered for evaluation.
- Provide clear copies of:
1. Photo ID: for the applicant, spouse and all dependents; Driver's License, State Issued ID or Passport
2. Social Security Card (for all those that provided photo ID as identification)
3. Lease agreement; (If renting).
4. Proof of income.
5. Other documentation that might help in the evaluation; such as medical reports, receipts. Billing statements, etc.
- Note that all provided documentation is considered the TIC Zakat Committee's property, and will not be returned to the applicant.
- The committee will examine all provided information and will contact the references.
- Simply applying for Zakat does not mean an automatic approval of the application.
- Normal application process time is typically two (2) weeks from the receipt of the application, and may be longer. The Zakat Committee will be contacting all applicants.
- Preferences will be given for the first time requester.

Date: _____

Section 1: Applicant's Demographic Data

Name: _____ SSN: _____
(Last) (First) (M.I.) (Social Security Number)

Address: _____ DL/ID: _____
(Driver's License / ID Number)

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Age: _____ Gender: _____

Section 2: Applicant's Circumstances

Number of Dependents: _____

Place of Residence: Own Home Rental Apartment Subsidized Housing Shelter Other

Means of Transportation: Own Automobile Public Transportation Other

Employment Status: Full-Time Part-Time Unemployed Self-Employed

If employed, where: _____ Job Title: _____

Marital Status: Single Married Divorced Widowed

If married, name of spouse: _____

Is your spouse currently employed? Yes No

If yes, where: _____ Job Title: _____

Health Insurance: Insured Uninsured Public Aid Medicaid/Medicare Other

Education: College Grad or More Some College High School Grad
 Some High School No High School Unknown

Statement of Circumstance: (Describe reason for which Zakat aid is sought. State the reason you are in need, how much you need and how assistance for all or part of total from Zakat fund will meet your need. Be specific.)

Section 3: Need Assessment (Approximate) and Prior Zakat Receipt History:

Total household monthly income: _____

Total household monthly expenditure: _____

Total value of savings (cash/stocks/ jewelry, etc.): _____

Loans/debt you owe: _____ Due Date: _____

Organization Zakat was received from: _____

Amount Received: _____ Date Received: _____

Section 4: Aid History:

Please check any of the following aid you have received within the last calendar year:

- 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: (Please specify)_____

Section 5: References:

List the names and phone numbers of anyone with whom you are familiar with, and can substantiate the information you provided above.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

If applicant is from outside Tracy area and wants to apply to TIC, please complete blanks below. The application will NOT be considered without this information.

1. Name of local Masjid or Center: _____
2. Name of Director or Imam: _____ Tel No: _____
3. Attach a letter of recommendation from the Director or Imam of the local Masjid/Center.

I testify in front of Allah(SWT) that the application information provided on this form is true and accurate to the best of my knowledge and I give consent to background checks regards medical/confidential information to be released to TIC Zakat Committee.

Applicant Name: _____

Signature: _____ Date: (mm/dd/yyyy): ___/___/_____

(For Office Use Only)

Reference Number: _____

TIC Comments: _____

Allocation of Zakat Funds: _____

Signature: _____ Date: (mm/dd/yyyy): ___/___/_____
(Chairman's Signature)

Approved:

Date Paid: ___/___/_____

Signature: _____
(Treasurer's Signature)

Amount Paid: \$ _____

Check Number: _____

Rejected:

Reason for Rejection, if any: _____

Is the applicant eligible to apply in the future: Yes: No:

If you have any questions about the approval/rejection of Zakat application, please contact the Zakat committee directly.

TIC Zakat Committee