

In the name of Allah, the Most Beneficent, the Most Merciful

MASJID NOOR, INC.
1032 Park Ave, Huntington, NY 11743
Phone: (631) 683-4185

APPLICATION FOR ZAKAT / SADQA & FITRAH
PLEASE PRINT CLEARLY

Date Applic R'cd in
MNI Office: ___/___/___
R'cd By: _____
Reviewed by Zakat Committee on: _____

Instructions:

- 1. Incomplete applications will be declined.**
- 2. Provide clear copies of:**
 - a. Photo ID**
 - b. Social Security Card or other form of ID**
 - c. Proof of income (past years tax return, last month's pay stub)**
 - d. Other documentation that will help in application process.**
 - e. Please note we may request other documents during the application process as needed.**

Note: Copies will NOT be returned and simply applying does not mean you are guaranteed assistance.

Name: _____
 First **M.I.** **Last**

Address: _____
 Street **Apt#** **City, State** **Zip**

Telephone No: () () ()
 Home **Work** **Emergency**

Age: _____ **Applicant Social Security**

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Marital Status: Single Married Divorced

Legal Status: U.S. Citizen Green Card: Other Please explain: _____

Have you received assistance from MNI before? Yes No If yes, how much & when? _____

Have you received assistance from other Masjids before? Yes No If yes, explain. _____

Employment Status: Full-time Part-time: Unemployed Self-employed Other Explain: _____

Please list your spouse's and children's names & ages (if applicable):

Note: MNI has the right to interview applicants as considered necessary. You will be asked to meet with our Zakat Committee and a Volunteer Social Worker. You will be required to come to MNI when asked.

Please state reason for financial assistance in detail and an estimate of how much you require:

(Please use reverse for additional space)

Income and Expenses

Monthly Gross Income

Monthly Expenses

Assets

Source	Amount	Item	Amount	Item	Amount
Work		Rent/Mortgage		Bank Accounts	
SSI		Utilities		IRA/Pension	
Gov't Aid		Car		Stocks, bonds, etc.	
Family Assistance		Food		House	
Other(explain):		Other(explain):		Other(explain):	

Any misrepresentation & non-compliance by the applicant will void the application & assistance.

Please read before signing:

1. I authorize MNI to verify the information in this application and any documents submitted.
2. I understand I may be required to present proof of all of my statements made in this application.
3. I understand that of any misrepresentation & non-compliance by me voids the application & assistance.
4. I declare that I have examined this application, including any document submitted along with this application, and to the best of my knowledge and belief it is true, correct, and complete.

Applicant Signature and Date

Recommended by:

Signature

Name

Address

Phone Number

-: For Administration Use Only :-

Approved: 1) _____

Status: _____

2) _____

3) _____

4) _____

5) _____

Amount \$ _____ Zakat Sadqa Fitrah