

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

Street	Apt#	City, State	Zip
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Telephone No: (     ) (     ) (     )

Home	Work	Emergency
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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:

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(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

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 -: For Administration Use Only :-

- Approved: 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_  
 5) \_\_\_\_\_

Status: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  Zakat  Sadqa  Fitrah