

AR RAHMAN FOUNDATION

15 WEAST 29 STREET NY,NY 10001

ZAKAT ASSISTANCE APPLICATION FORM

To ensure the proper distribution of Zakat funds, every applicant must submit clear copies of the following:

1. Photo ID: For the applicant, spouse and all dependants; 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 (i.e. last pay stub).
5. Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements, etc.

Complete ALL portions of this form. Write clearly. (All information is confidential and intended only for restricted internal

use by authorized Masjid personnel and used exclusively for evaluation for Zakat requests.)

Name _____

Application Date _____

Date of Birth _____

Circle one: Picture ID # or Driver's License #

INFORMATION NEEDED FOR HEAD OF HOUSEHOLD/FAMILY

Street

Address _____

City _____ State _____ Zip Code _____

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Primary Phone _____ Alt. Phone _____

E-mail _____

Marital Status [Check One]: () Single () Married () Divorced () Widow

U.S. Citizen: [Check One] () Yes () No | If 'No, Immigration Status _____

Total Monthly Income of ALL Persons in the Household: \$

Place of Residence: () Own Your Home () Rental Apartment () Room Rental () Shelter

() Low-income housing () Other _____

EXPENSES

Rent: \$ _____ Utilities \$ _____

Other \$ _____ Describe _____

NUMBER OF FAMILY MEMBERS _____ (including yourself)

Names of Family Members (including yourself)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

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