

# ISLAMIC-AMERICAN ZAKAT FOUNDATION

Mail to: 4323 Rosedale Avenue, Bethesda, MD 20814 (301) 907-0997

Or hand deliver to: 4641 Montgomery Avenue, Suite 30 (Lower Level), Bethesda, MD 20814

Office hours: Tuesday, Wednesday, Thursday 10:30 a.m. – 3:30 p.m.; Saturday 10:00 a.m. – 1:00 p.m.

## APPLICATION FOR ELIGIBILITY FOR ZAKAT FOUNDATION ASSISTANCE

We give no direct aid outside the United States nor do we give any education-related assistance nor do we respond to such requests.

**Personal information (Please print clearly):**

Case ID#

(staff use only)

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones, home: \_\_\_\_\_ office: \_\_\_\_\_ cell: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M F Spouse's birth date: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status (check one):

- Married     Never Married  
 Widowed     Divorced  
 Legally Separated  
 Informally Separated

Person to contact in an emergency:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

How and from whom did you learn about the Islamic-American Zakat Foundation?

### Dependent Children and Other Household Members (if none, write "none")

Name	Relationship	SS #	Birth Date	M/F

**Do you have a mosque, church, religious or faith community or other brotherhood?**     Yes     No  
**If yes, provide name of the institution:**

**If you can, provide name, position, phone number of an institution official who can serve as a reference:**

### Financial Status: (in any column, if the answer is none, please write None)

Monthly Gross Income (job, SSI, food stamps, etc.)		Monthly Expenses		Net Assets (value of major possessions)	
Source	Amount	Item	Amount	Item	Amount
	\$	food	\$	car book value	\$
		rent/mortgage		(car year: _____)	
		utilities		model: _____)	
		phone		bank account	
		transportation		house	
		other		other	

Print name here: \_\_\_\_\_

Have you received assistance from or applied to other sources?  Yes  No

If yes, list the sources: \_\_\_\_\_

**Situation** (Attach additional pages as needed.) (PLEASE BE SPECIFIC): (1) Describe purpose for which aid is sought. (2) State what caused you to be in need. (3) Give specific dollar amount for each need for which aid is sought. (4) State how assistance from the Zakat Foundation for all or part of the total will meet your need.

Please read the following carefully before signing (non-Muslims may amend the text to reflect their own religious tradition):

I (and, if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. **I/we attach a copy of my/our photo I.D., such as a driver's license or passport and any verifying documents related to this request.** I/we grant the Islamic-American Zakat Foundation permission to contact my masjid and my witnesses for purposes of verifying and/or supplementing the information in this application. I/we also understand that the Zakat Foundation may seek my or another local masjid's cooperation in resolving my situation and that I/we may be asked to participate in the MEDINA 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.

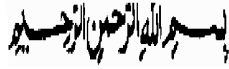
\_\_\_\_\_  
Applicant's(s') signature(s) \_\_\_\_\_  
Date

Witnesses: [Witnesses must be **UNRELATED** to applicant, or to the creditors, or to each other and must not live in the same household as each other or as applicant. No more than one witness may be from a social service agency.] [PLEASE PRINT CLEARLY.]

We the undersigned solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the above information is true to the best of our knowledge.

(1) Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phones, home: \_\_\_\_\_ office: \_\_\_\_\_ cell: \_\_\_\_\_  
**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phones, home: \_\_\_\_\_ office: \_\_\_\_\_ cell: \_\_\_\_\_  
**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### **MEDINA PROGRAM DISCLOSURE AND WAIVERS FORM**

This document is a part of the Islamic-American Zakat Foundation (“the Foundation”) application process. No application will be considered unless this form has been read and signed by the applicant. This is an explanation of the procedures of the Islamic-American Zakat Foundation and the conditions under which applications will be considered. By applying to the Islamic-American Zakat Foundation you are agreeing to the terms and conditions in this agreement.

The Foundation will attempt, within the limited resources available to it, and subject to its policies and the discretion of the Review Committee, which makes the decision regarding granting of funds, to assist applicants seeking zakat and/or sadaqa. It is our hope to address not only short-term financial needs, but chronic needs that may underlie financial needs. Accordingly, any applicant may be required to participate in the MEDINA program in order to qualify for assistance. In areas where the MEDINA program is offered, applicants for repeat assistance are automatically applicants for participation in the MEDINA program. The MEDINA program aims to personalize client relationships with the Foundation through the assignment of a Case Manager and, in some cases, a volunteer “Ansar” who will meet with the client, at least by telephone and possibly in person, to assess and evaluate client needs. The Case Manager will be the client’s link to the Review Committee. The case worker has been trained in the Zakat Foundation procedures and provided with a resource manual and will seek to establish a brotherly relationship with the applicant and may also be able to refer applicants to professionals and other resources.

In addition to personalizing the services of the Foundation, the MEDINA program aims at helping applicants maintain self-sufficiency. Although there may be cases where financial assistance alone is offered, the Foundation expects that in most cases additional needs such as training, referrals, and/or counseling, may be appropriate and will, when possible, seek to provide such services.

All applicants agree to cooperate with their assigned Ansar in the evaluation of their application and understand that financial assistance may be conditional on accepting training, referrals, counseling or other services that may be offered by or through the Zakat Foundation. By applying for assistance, all applicants grant consent to the Islamic-American Zakat Foundation to contact witnesses and their masjid and to perform any investigations or checks to verify, detail, or supplement information provided. The Foundation agrees to hold all information thus obtained confidential and to share it only with the Review Committee and such agents of the organization or other service agencies, including mosques or other houses of worship local to the applicant, as may be necessary to meet the needs of the applicant.

[please initial here: \_\_\_\_\_]

The MEDINA program is a program in development. Applicants are expected to assist in its development and refinement by reporting directly to the Foundation's President or Case Manager any problems they encounter or suggestions they may have. The President or Case Manager may be reached at the Foundation's number 301-907-0997 or by appointment at our office at 4641 Montgomery Avenue, Bethesda, MD. The Foundation requires the highest standards of conduct by its volunteers and seeks a cooperative effort among its staff, consultants, volunteers and applicants in a true community of brotherhood.

Volunteer Ansars and clients are encouraged to maintain a brotherly relationship outside the scope of official MEDINA program activities and contacts, but the Foundation assumes no responsibility or liability in connection with such personal relationships, even though they may further the ends of the program. In particular, the Foundation will not be liable for any claims that may arise from favors done by Ansars for applicants, such as babysitting, providing rides, or home visits when such services were not provided at the specific direction of the Foundation. Similarly, the Foundation is not liable for any claims arising from social or religious activities shared by Ansars and clients.

The Foundation will not condone any un-Islamic or illegal activities on the part of Ansars or applicants. Abusive behavior, consumption of intoxicants, and criminal activities are all cause for termination from the program. Under no circumstances should Ansars and applicants of opposite sex be alone together in a private place. Fraud and misrepresentation will not be tolerated. Evidence of fraud or misrepresentation to the Foundation, its staff, contractors and/or volunteers is not subject to any promise of confidentiality in this form or elsewhere. In particular, any evidence of fraud or misrepresentation will, at the discretion of the Review Committee, be made known to the general Muslim Community in order to protect other Muslims.

**Authorization for medical release and/or other confidential information. This is to affirm that on this day I/we the undersigned do hereby give my/our permission for information to be released to the Islamic-American Zakat Foundation. This information will be used to determine my/our eligibility for services.**

**I/we certify that I/we have read the above waivers and disclosures and authorization for medical release and/or other confidential information, and I/we agree to all conditions. "I understand that the decision as to whether to award a grant, the size of any grant, and the attachment of any conditions to any grant is the sole responsibility of the Review Committee and I shall make no claims that any promise of a grant has been made to me by the Islamic-American Zakat Foundation or any of its staff, volunteers, or associates other than that the official written notice of the Review Committee's decision from the organization."**

Applicant's PRINTED name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date \_\_\_\_\_