



Zakah Foundation of Dar-us-Salaam

5301 Edgewood Rd, College Park, MD 20740 | zakah@darussalaam.org | 301-551-5114

Check all that apply, with amount:

SSI _____ Food Stamps _____ Child Support _____

Temporary Cash Assistance _____ Other Aid _____

Monthly Expenses:

Rent or Mortgage: _____ Utility/Water: _____

Car Payment/Insurance _____ Health Insurance/Medical Expenses: _____

Other _____

Previous Masjid/Organization Assistance:

Name: _____ Amount: _____ Date Received: _____

Financial Need: (All fields are required)

Zakah Amount Being Requested: _____

Please explain the reasons for requesting zakah. You may attach an additional page if needed. Please print clearly:

References: (All fields are required)

List at least 2 persons who can verify your condition (Must **NOT** be a family member or member of household):

_____	_____	_____
Name	Phone	Relationship to you
_____	_____	_____
Name	Phone	Relationship to you

Notice of Discloser and Waiver: (All fields are required)

I testify that the information provided is true to the best of my knowledge and that I am in need of the zakah money requested. I attest to not having any savings, retirement plans, stocks, bonds, or other assets. I understand that I will be held accountable for the truthfulness of these statements on the Day of Judgment. I testify that I am not involved in any illegal or un-Islamic activities. I understand that the Zakah Foundation, at its discretion, may disclose information of illegal, un-Islamic, or fraudulent activity to any organization, individual, or community.

I give permission to the Zakah Foundation of Dar-us-Salaam to contact my references and any other masjid or service organizations in order to verify and/or supplement the information I have provided above. I grant consent to these organizations to disclose, at their discretion, any information that might be used to determine eligibility for aid. I also grant permission to Zakah Foundation of Dar-us-Salaam to disclose my information to any masjid or service organization that I may apply to in the future, at their discretion, for the purposes of assisting in determining eligibility for aid.

Print Name _____ Signature _____ Date: _____