

# MARYUM ISLAMIC CENTER, INC.

## ZAKAT APPLICATION

Today's Date:		Referred by:							
<b>APPLICATION INFORMATION (INCOMPLETE INFORMATION OR NO VALID PHOTO ID WILL DELAY YOUR REQUEST)</b>									
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Last Name:		First Name :		Middle Name:					
Is this your legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your legal name?									
Marital Status (Check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow									
Home Phone #:		Social Security #: - - -		Birth Date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Address:		City:		State:	Zip Code:	How Long?	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Shelter <input type="checkbox"/> Other		
Nationality:		Language(s) Spoken:		Highest education completed:		School Name & Address:	Certifications or Skills:		
Total amount/value in your possession:		Net Cash:	Gold/Gold Jewelry:	Silver/Silver Jewelry:	Stocks, Bonds, Shares, Cash Deposits:				
\$		\$	\$	\$	\$				
Citizenship Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit <input type="checkbox"/> Other (specify):									
Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare #		Child Support? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? \$							
Insurance Name:		Policy #:		Food Stamp? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? \$					
Cash assistance of any kind? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, how much?		From Where?					
<b>EMPLOYMENT HISTORY (IF UNEMPLOYED, PLEASE PROVIDE LAST EMPLOYMENT)</b>									
Current or Last Employer:		Position:		How Long?		Monthly Salary: \$			
Employer Address:		City:		State:	Zip Code:	Phone #: ( ) -			
<b>REFERENCES (PROVIDE TWO REFERENCES WHO CAN VERIFY YOUR CONDITION)</b>									
Name:		Phone #:		Email:		Relationship:	Known Since:		
Address:									
Name:		Phone #:		Email:		Relationship:	Known Since:		
Address:									
Name of Masjid or organization that you are a member of:						Phone #: ( )			
Any outstanding debt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount: \$									
Current monthly expense:		Rent or mortgage: \$		Food: \$	Utilities: \$	Medical Bills: \$	Gas: \$		
Any extraordinary expense (explain and specify amount):									
Describe your need including amount you need:									
<b>NAME OF DEPENDENTS FOR WHOM ASSISTANCE IS NEEDED</b>									
<b>Name</b>		<b>Sex</b>	<b>Birth Date</b>	<b>Relationship</b>		<b>Name</b>	<b>Sex</b>	<b>Birth Date</b>	<b>Relationship</b>
1.						3.			
2.						4.			
I authorize Maryum Islamic Center (MIC) to verify all information in this application. I understand that I may be required to present proof of all statements in this application. I understand that a representative of MIC will verify the information in order for MIC to approve my application. I understand that due to unforeseen circumstances, assistance may not be available. I certify that I have read or had read to me all information on this application and all information is true, correct, and complete to the best of my knowledge.									
Signature:						Date:			
<b>OFFICIAL USE ONLY</b>		Information verified? <input type="checkbox"/> Yes <input type="checkbox"/> Could not be verified		Valid photo Id provided <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Application Incomplete		<input type="checkbox"/> Approved		Amount approved: \$		Payment frequency:	Valid until:	<input type="checkbox"/> Denied (Why?)	
Comments / Notes:									
Signature of MIC Official:						Date:			
Please mail completed application to: Maryum Islamic Center 3280 Pine Orchard Lane, Suite A Ellicott City, MD 21042									
Phone #: ( 443 ) 574 - 5188				www.MaryumCenter.com					