

MARYUM ISLAMIC CENTER, INC.

ZAKAT APPLICATION

Today's Date:		Referred by:					
APPLICATION INFORMATION (INCOMPLETE INFORMATION OR NO VALID PHOTO ID WILL DELAY YOUR REQUEST)							
<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? \$		Food Stamp? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? \$			
Insurance Name:		Policy #:		From Where?			
Cash assistance of any kind? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, how much?		From Where?			
EMPLOYMENT HISTORY (IF UNEMPLOYED, PLEASE PROVIDE LAST EMPLOYMENT)							
Current or Last Employer:		Position:		How Long?		Monthly Salary: \$	
Employer Address:		City:		State:	Zip Code:	Phone #: () -	
REFERENCES (PROVIDE TWO REFERENCES WHO CAN VERIFY YOUR CONDITION)							
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:							
NAME OF DEPENDENTS FOR WHOM ASSISTANCE IS NEEDED							
Name		Sex	Birth Date	Relationship		Name	
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:	
OFFICIAL USE ONLY		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 9150 Rumsey Rd, Suite A-4, Columbia, MD 21045							
Phone #: (443) 364-3035				www.MaryumCenter.com			