

**SOUTH BAY ISLAMIC ASSOCIATION**325 North 3<sup>rd</sup> Street San Jose, CA 95112

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info@sbia.info - [www.sbia.info](http://www.sbia.info)**Zakat Application Form****INSTRUCTIONS:**

- Please provide accurate and detailed information so as to enable a timely and effective application evaluation.
- Note that an incomplete form will **not** be considered for evaluation.
- Provide **clear** copies of:
  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.
  5. Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements, etc.
- Note that all provided documentation is considered the Zakat committee property, and will not be returned to the applicant.
- The committee will examine all provided information and will contact the references.
- Simply applying for Zakah does **not** mean an automatic approval of the application.
- Normal application process time is typically two (2) weeks from the receipt of the application, and may be longer. The Zakat Committee will be contacting all applicants.

**1. Applicant's Demographic Data:**

<b>Name</b>	
<b>Address</b>	
<b>Phone #</b>	

Age: \_\_\_\_\_ Gender: \_\_\_\_ Drivers License/ID: \_\_\_\_\_

Masjid or Islamic Center/Organization you frequent: \_\_\_\_\_

**2. Applicant's Circumstances:**

Number of dependants living with you: \_\_\_\_\_ Ages \_\_\_\_\_ Relation to each \_\_\_\_\_

Have you applied for Zakat/Sadaqa before?  Yes  No; if yes When?Place of Residence:  Own Home  Rental Apartment  Room Rental (in house)  Shelter   
Subsidized (low income) Housing  other: \_\_\_\_\_If renting, does anyone share the rent with you?  Yes  No; If yes How much? \$ \_\_\_\_\_Employment Status:  Full-Time  Part-Time  Unemployed  Self-Employed   
other: \_\_\_\_\_

Estimate how much you need \$ \_\_\_\_\_

**Why you are applying for Zakah/Sadaqah? (Use extra sheet if necessary)**

**3. Assessment of All Income and Aid History:**

Please check and fill any of the following you have received within the last calendar year:

Type of income/aid	Amount	Last Date Received	Frequency
Salary from Job/work	\$		
Social / Supplement Security income (SSI)	\$		
Food Stamp/Link Card	\$		
Subsidized Housing, Public Housing	\$		
Child Support	\$		
Medi-cal (state)/Medicare (national)	\$		
Alimony	\$		
Unemployment	\$		
Zakah/sadaqah from Rahima Foundation	\$		
Zakah/sadaqah from Local Masjid	\$		
Aid from other organization	\$		
Other (specify)	\$		
<b>Total</b>	<b>\$</b>		

**4. Estimate of your monthly Expenses:**

Please check and fill any of the following Expenses you may have:

Type of expenses	Value	Frequency
Rent	\$	
Food	\$	
Transportation	\$	
Utilities (Bills)	\$	
Other (specify)	\$	
<b>Total</b>	<b>\$</b>	

**Loan/debt you owe: \$ \_\_\_\_\_ - Due Date: \_\_\_\_\_ To whom you owe?**

**6. Reference:**

**Notice:** Please note that references should not be immediate relatives or people who live with you, nor Zakah recipients. Please list at least 2 names of anyone with whom you are familiar and who can confirm or verify the information you provided. Muslim references are preferred, **at least one**, but list all references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**7. Statement:**

*I testify in front of Allah (swt) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakah/Sadaqah.*

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_