

In the Name of God, Most Gracious, Most Merciful
ISLAMIC CENTER OF SOUTHERN CALIFORNIA
434 S. Vermont Ave., Los Angeles, CA 90020
Phone: (213) 382-9200 Website: www.islamctr.org

Application for Zakat

Date: _____ Amount Requested: \$ _____

Name: _____ Date and Place of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Are you working? Yes No Occupation: _____

Are you U.S. citizen: Yes No

Monthly Income: _____ Monthly Rent: _____ # of Dependents: _____

Source of income: _____

Do you receive SSI: Yes No Amount _____

Do you receive food stamps: Yes No Amount: _____ Welfare: Yes No Amount: _____

Describe your need: _____

Did you receive assistance from the Islamic Center in the past? Yes No **YEAR:** _____

To receive assistance a copy of picture ID is REQUIRED

Signature of Applicant: _____

For Office Use

Action taken: Approved Amount: _____ ID Checked
 Declined Reason: _____

File review: _____

Signature of reviewer: _____ Date: _____

I UNDERSTAND THAT INFORMATION REGARDING ANY ZAKAT AMOUNT OR OTHER ASSISTANCE I RECEIVE FROM THE ISLAMIC CENTER OF SOUTHERN CALIFORNIA MAY BE SHARED WITH OTHER ORGANIZATIONS.

SIGNATURE: _____