

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](http://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:** \_\_\_\_\_