

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



In the name of Allah, the Beneficent, the Merciful

ISLAMIC CENTER OF LONG ISLAND

835 Brush Hollow Road

Westbury, New York 11590

Phone: (516) 333-3495

Email: info@iclincy.org

Fax: (516) 342-3703

Web Site: www.iclincy.com

Date application received at ICLI office: ___/___/___
Received by: _____

Date check mailed (if approved): ___/___/___
Mailed by: _____

Letter mailed, if rejected ___/___/___

APPLICATION FOR ZAKAT / FITRAH

(PLEASE PRINT CLEARLY)

Incomplete Applications Will be Declined

Name: (Legal) _____
First M.I. Last

Address: _____
Street Apt # City State Zip

Telephone No: () () Email: _____
Home Cell

Martial Status: Single [] Married [] Divorced [] Widow [] Age: _____ Date of Birth: ___/___/___

Have you received assistance from ICLI before? [] Yes [] No If yes, how much & when? _____

Are you employed? [] Yes [] No If No, what are your financial sources? _____

Please list your childrens names & ages (if applicable):

Please state reason of the need for financial assistance in detail:

Applicant's Muslim name (if any)

Applicant (Legal) Signature and Date

Copy of picture ID with Full Name and Address must be included with this application, otherwise form will not be processed

FOR OFFICE USE ONLY

ICLI Zakat Committee reviewed the application on _____ approved a donation of \$ _____ Declined _____

By _____ Comments, if any _____

ICLI Accounting Office issued check# _____ Amount \$ _____ Date _____ By _____

Comments, if any _____