

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@icliny.org

Fax: (516) 342-3703

Web Site: www.icliny.com

Month: _____

Received Check from ICLI

On: _____

Ck # _____

APPLICATION FOR ZAKAT / FITRAH

(PLEASE PRINT CLEARLY)

* Incomplete Applications Will be Declined *

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

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 and ages (if applicable): _____

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

Four horizontal lines for providing details on the reason for financial assistance.

Applicant's Muslim name (if any) _____

Applicant (Legal) Signature and Date _____

FOR OFFICE USE ONLY

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

By _____ Comments, if any _____