



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.org

Month: \_\_\_\_\_

Received Check from ICLI

On: \_\_\_\_\_

Ck # \_\_\_\_\_

Received Application On

APPLICATION FOR ZAKAT / FITRAH

(PLEASE PRINT CLEARLY)

\* Incomplete Applications Will be Declined \*

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

Name: (Legal) \_\_\_\_\_
First M.I. Last

Residential Address: \_\_\_\_\_
Street Apt # City State Zip

Mailing Address (If different from residential address):
Street Apt # City State Zip

Telephone No: ( ) ( ) Email:
Home Cell

Gender (M/F): [ ] Martial Status: Single [ ] Married [ ] Divorced [ ] Widow [ ] Age: \_\_\_ DoB: \_\_\_/\_\_\_/\_\_\_

Number Of Dependents If any (Please state relation/name/age of each dependent) \_\_\_\_\_

Have you received assistance from ICLI before? YES NO If yes, how much & when?
Are you currently employed? YES NO

If Unemployed reason for not working \_\_\_\_\_ Monthly Unemployment Income (If any) \_\_\_\_\_

Total Monthly Income (Approx.) \_\_\_\_\_ Total Monthly Expense (Approx) \_\_\_\_\_

Are you receiving any other aid/assistance from government Or any other Mosque/charities? YES NO

If Yes please state which one and their value (SNAP, Medicaid, etc) \_\_\_\_\_

Do you Own/Rent \_\_\_\_\_ What is the monthly rent? \_\_\_\_\_

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

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**Declaration:**

I \_\_\_\_\_ requesting financial assistance of zakaat/fitra funds due to my current financial situation. I swear by Allah, that I understand that there are strict eligibility requirements for zakaat/fitra funds and I have explained my situation truthfully as to why I am requesting financial assistance. I swear by Allah that according to my knowledge, my financial resources are below the current Zakaat Nisaab and I am eligible for these funds.

I authorize ICLI to verify the information in this application and any documents submitted. I understand that any misrepresentation and non compliance by me voids the application and assistance.

\_\_\_\_\_  
**Applicant's Muslim name (if any)**

\_\_\_\_\_  
**Applicant (Legal) Signature and Date**

**NOTE: ICLI has the right to interview applicant as considered necessary. You may be asked to come to ICLI and meet with our Zakaat Committee.**

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**FOR OFFICE USE ONLY**

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

By \_\_\_\_\_ Comments, if any \_\_\_\_\_