

DAR AL TAQWA (DAT) ZAKAT APPLICATION FORM

Must apply first for assistance with your main Masjid and/or the Masjid in your County
 Must attach their response letter with this application.
Must fill every box - Enter NA if the category does not apply to your situation.

APPLICANT INFORMATION

Date:		Photo ID Type and Number:		Religious status (circle one): Muslim Other				
Legal Name – Must be exactly same as on the Government issued ID Last Name: First: Middle				Circle One: Mr. Mrs. Ms.	Marital Status (circle one) Single/ Married/ Divorced/ Separated/ Widowed			
Current Address:		Social Security #:		Date of Birth:	Age:	Gender: M F		
Do you go by a different name		How Long at this Address?	Residence Status (circle one): Own Rent Parents Friend Other Shelter			Monthly Rent/Mortgage:		
Home Telephone:	Alternate Telephone:	Email Address:	Highest Education Completed:		Certifications or Skills:			
Citizenship Status (circle one):		US Citizen	Permanent Resident		Other	Do you have transportation?		
Employment Status:		Full-time	Part-time	Unemployed	Self-employed	Disabled	Retired	Other
Current Employer:		Position:		Salary(monthly):		How Long at the Job?		
Employer Address:				Employer Contact Person		Employer Telephone:		
Name of the main masjid, where you attend prayers:						Telephone:		

HOUSEHOLD INFORMATION

Spouse Name		Spouse Phone Number		Spouse Address – Only if it is different from your address			
Spouse Social Security #	Spouse Email Address:		Why the spouse address is different?				
Spouse Date of Birth:	Spouse Employer Name		Spouse Employer Address, & Phone number				
Dependents Name:	Gender:	Birth Date:	Relationship:	Dependents Name:	Gender:	Birth Date:	Relationship:
1.				2.			
3.				4.			
From any Masjid - Have you received and/or denied assistance in the past 24 months from: DAT - ISB – ICCL – MCC – DUS – ISWA – PGMA – ICM – Masjid Haq - Masjid Noor - Masjid Mominoon - Masjid Fatima - Other (specify name)				If yes, please provide Masjid name, dates and amounts: Use separate sheet if needed			
When was the Last application of Zakat filed with DAT		Date		Outcome			

REFERENCES

Provide two references. References must be an Imam of a local masjid or a Board of Director (shura) member.

Name		Position with the Masjid:		Phone Number		Known since	
Name		Position with the Masjid:		Phone Number		Known since	

Mailing Address: DAT Zakat Committee, 10740 Route 108, Ellicott City, MD 21042
 Tel: 410-997-5711 ext. 102 Fax: 240-389-5387 Email: zakat@taqwa.net

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FINANCIAL SITUATION	
Exact amount of assistance / Zakat you are applying for!	Please understand that you will be either approved for that exact amount requested or the application will be denied.
Reason for financial distress	

INCOME						
Source of Income & Assets	You	Spouse		Outstanding Debts	Family Monthly Expenses	Unpaid
Employment (Monthly)				Food		
Social Security (Monthly)				Rent/Mortgage		
Disability (Monthly)				Car Payment		
Child Support (Monthly)				Car Insurance Payment		
Government aid including Food Stamps (Monthly)				Medical Bills		
unemployment (Monthly)				Home Phone Bill		
Family assistance (Monthly)				Cell Phone Bill		
Other (Monthly)				Other (Specify)		
Cash including Checking & Saving Accounts				Other (Specify)		
Investments & Pensions				Other (Specify)		
TOTAL				TOTAL		

What plans do you have to achieve financial stability within the next 6 months?

VERIFICATION / ACKNOWLEDGMENT	
<i>Last 90 days Paystubs and Bank statements.</i>	attached Applicant Signature
<i>Outstanding bills such as rent, notices, medical bills, court documents, etc.</i>	attached Applicant Signature
<i>Driver's license, SS card, proof of legal residence in the US.</i>	attached Applicant Signature

I certify that I have read, or had read to me all the statements in this form and all the information given is true & correct. I authorize Dar Al Taqwa Incorporated (DAT) to verify the information in this application. I understand that a representative of DAT will verify all information in order for DAT to render any assistance to me. I further agree to release DAT Board of Directors, officers, employees, & agents from any claims and demands of action I may have against DAT as a result of omission, acceptance, rejection, suspension, or termination of my application. I understand that I will be given a 1099 for all benefits received in accordance with US accounting Laws. I understand that incomplete application and/or any false information on this application will cause the Zakat assistance to be denied. I am also available to meet with DAT representative to discuss this application and a long-term solution to my financial condition.

Date:	Signature of Applicant:
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