

**ISLAMIC CIRCLE OF NORTH AMERICA,**  
2913 Woodlawn Trail, Alexandria VA, 22309. PH: 703-660-1255

*In the Name of Allah, The Most Gracious, the Most Merciful*

**APPLICATION FOR THE GRANT OF ZAKAH/FINANCIAL HELP**

Date _____		LD (Pass Port/D.I.) No: _____		(Please Attach Copy)	
Name _____		D.O.B _____		Gender: _____ M / F	
Street Address _____					
City _____		State _____		Zip _____	
Tele No: (Home) _____		Work _____		Email _____	

Marital status:	Single ( )	Married ( )	Widow ( )	Divorced ( )	
Immigration Status:	U.S Citizen ( )	Permanent Resident ( )	Visitor ( )		
Total Monthly Income from all sources \$ _____		Monthly Expenses \$ _____			
Rent/Mortgage Payment \$ _____		Utilities \$ _____		Other \$ _____	

Number of People in the House Hold \_\_\_\_\_ Dependents \_\_\_\_\_

Please fill out the Detail below for each dependent:

- |                         |                         |
|-------------------------|-------------------------|
| 1. Name _____ Age _____ | 2. Name _____ Age _____ |
| 3. Name _____ Age _____ | 4. Name _____ Age _____ |
| 5. Name _____ Age _____ | 6. Name _____ Age _____ |

Please explain briefly reasons for requesting the grant \_\_\_\_\_

Please give names of two persons (preferably from ICNA) who are familiar with your situation.

- |               |               |
|---------------|---------------|
| 1. Name _____ | Tele No _____ |
| 2. Name _____ | Tele No _____ |

Please attest to the fact by signing below, and that you are affirming to the fact that, " To the best of my knowledge and belief, the above information provided by me is true correct "

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>		
1. The application is complete _____ Incomplete _____ (For) _____		
2. Statements confirmed ( ) Not Confirmed ( ) by the above ICNA references _____		3. Decision: _____
Approved for \$ _____ Not Approved ( reason ) _____		
Members Present : 1. _____ 2. _____ 3. _____		