



## Application for Financial Assistance

All information provided on this application will be kept confidential

Instructions:

1. All questions on this application must be answered to determine eligibility
2. The zakat policy of IST states that applicants may apply for zakat assistance only once every 12 months, unless there is a dire emergency. If applicant requires multiple assistance in a year, Application for Financial Mentoring will be required.

### Applicant Information

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: (Circle) Married      Single      Separated      Divorced      Widowed

Name of Spouse: \_\_\_\_\_

### Other Persons in Household

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

Have you ever received assistance for IST? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Amount of assistance requested: \$ \_\_\_\_\_

Reason and/or purpose for the amount requested:

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### Declaration

I (and, if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. I/we also understand that I/we may be asked to participate in the Mentoring program as a condition of any grant or assistance. I/we solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the foregoing information is true to the best of my/our knowledge.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

### Witness:

We the undersigned solemnly witness that there is no one deserving of worship but Allah, and that Muhammad (Peace Be Upon Him) is His Messenger, and that the above information is true to the best of our knowledge.

\_\_\_\_\_  
**Witness Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**IST Zakat Assistance Application Reviewer's Comments**

Other sources of assistance which should be considered. Discuss with applicant and check those which may should be explored.

Food Stamps / Link Card  
Social Security Benefits or Supplemental Security Income (SSI)  
TANF (Temporary Needy Family Assistance)  
Medicaid (*State*) / Medicare (*National*)  
Subsidized Housing, Public Housing Shelter  
WIC (Women, Infant, Children) Food Supplementary Program

Mother and Child Program  
Energy Assistance Program  
Senior Services  
Government Student Loans / Scholarships  
Alimony  
Child Support  
Other: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Approved: Yes No If no, reason:

Check Number and Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewer, Zakat committee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chair/Voice Chair, Zakat committee