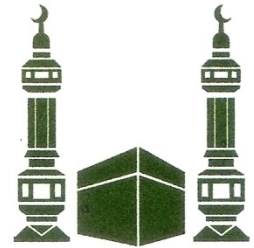


In The Name of Allah, Most Gracious, Most Merciful

As-Siddiq Muslim Organization

Phone: (718) 523-4167
Internet: www.assiddiq.org
Email: masjid@assiddiq.org



Masjid Address
117-27 133rd Street
South Ozone Park, NY 11420

Mailing Address
P.O. Box 200712
South Ozone Park, NY 11420

ZAKAAH APPLICATION FORM

Contact Information

Date: _____ (MM/DD/YYYY) Phone: _____ Email: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Family Information

Marital Status: Married Divorced Widow Never Married

Spouse First Name: _____ Spouse Last Name: _____

Names & Ages of Children: _____

Personal and Financial Information

Reason for requesting financial support from As-Siddiq Muslim Organization:

Are you Muslim? Yes No Total Monthly Income: \$ _____ Total Monthly Expenses: \$ _____

What Masjid do you attend? _____ Are you receiving Zakaah from your Masjid? Yes No
If "No" please attach letter from your local Masjid with explanation. If "Yes", how much do you receive - \$ _____ monthly.

References

Please Provide the Names and Phone Numbers of two (2) people who can speak on your behalf.

Reference # 1: Name: _____ Phone #: _____

Reference # 2: Name: _____ Phone #: _____

Applicant's Signature: ✕ _____ Date: _____

For Official Use Only

Recommendation: _____

Verified by: _____ Date: _____

Verified by: _____ Date: _____

Completed forms should be given to any executive board member or emailed to masjid@assiddiq.org.