

# ISLAMIC CENTER OF SAN GABRIEL VALLEY

19164 E. Walnut Dr. N., Rowland Heights, CA 91748

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## Zakah Request Form

This form is for our confidential record to keep. It is important for the Islamic Center to have the following information so we are able to show our members how their Zakah money is disbursed, and show any related government agency, if needed. Please complete the form and return it to our office.

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

4. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

5. Personal Info.:

Married-  Yes  No

How many members in your family? [ ]

Single-  Yes  No

How old are you? [ ]

**Copy of the Driver License Required**

*Place here for photocopying*

6. How much is your minimum need at this time? [ ] Dollars

7. Is this your first request for Zakah from this center?

First  Second Or # [ ]

8. Please tell us how you can help the center:

9. Please tell us why you require financial assistance at this time. For example, is it for food, utilities, rent, etc.?

Please note that the Zakah fund are limited and we have many other urgent cases. We will do our best to assist you as much as possible. However, if we can't meet your expectations at this time we will keep your request on file for future assistance, inshallah. We hope and pray that Allah (SWT) will provide for all of us wa Jazzak Allahu Kheir.

<i>For Office Use Only</i>	<i>To Be Filled Out by Treasurer/Joint Treasurer</i>
Interviewed by: _____ Approved <input type="checkbox"/>	Amount Disbursed: _____
Date: _____ Disapproved <input type="checkbox"/>	Check #: _____ Date Issued: _____
Explanation of disbursements over \$1000: _____	
_____	
_____	
_____	
Shoora Member Sig.: _____ (Required for amounts over \$1000)	Shoora Member Sig.: _____ (Required for amounts over \$1000)
Date: _____	Date: _____