



# Islamic Society of Wichita

6655 E 34th Street N | Wichita, KS 67226 | Ph: 316-682-5479 | E-mail: officemanager@myisw.org

## Application for Eligibility of Zakat Foundation Assistance

We give no direct assistance outside of the United States nor do we give any scholarship assistance. We do not respond to such requests. Please print clearly.

First Name		Last Name	
Applicant:		Social Security No.:	
Spouse:		Social Security No.:	
Date of Birth of Applicant:	Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth of Spouse:			
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Primary Phone:		Secondary Phone:	
Email Address:			
Street Address:			Apt. No.:
City:		State:	Zip:
Emergency Contact Name:		Emergency Contact Phone:	

Dependent Children and Other Household Members:				
Name	Relationship	Soc. Sec. No.	Date of Birth	M/F

Name of Mosque Official to Serve as a Reference (if none, so state):	
Position:	Phone Number:

Financial Status:					
Monthly Gross Income		Monthly Expenses		Assets	
Source:	Amount:	Item:	Amount:	Item:	Amount:

Print Name: \_\_\_\_\_

Have you ever received assistance from or applied to other sources?	Yes	No
If yes, please list sources:		

Situation (attach additional pages if necessary):
Describe reasons for which aid is sought. State the reason you are in need, what you need (including the specific amount of financial aid sought), and how assistance for all or part of the total from the Zakat Foundation will meet your needs. Be Specific:

**References:** (References must be UNRELATED to applicant and must not live in the same household. References must be Muslim. PLEASE PRINT CLEARLY.)  
 We the undersigned solemnly swear that there is no God but Allah and that Muhammad (s.a.a.w.) is His messenger, and that the above information is true to the best of our knowledge.

Reference 1			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Alternate Phone:		
Signature:	Date:		

Reference 2			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Alternate Phone:		
Signature:	Date:		

Must check one of the following to apply for Zakat assistance:
<input type="checkbox"/> I am a Muslim and in need of Zakat
<input type="checkbox"/> I am a non-Muslim and in need of Zakat

Print Name: \_\_\_\_\_

**CIRCLE ONE OF THE FOLLOWING CATAGORIES THAT BEST DESCRIBES YOUR SITUATION TO APPLY FOR**

**ZAKAT ASSISTANCE:** Who is eligible to receive Zakat:

The Noble Qur'an specifies eight (8) purposes for which the money from Zakat can be used. They are the following:

- (1.) The masakeen: These people do not have anything.
- (2.) The fuqaran: These people may have money, but it is not sufficient for their basic needs.
- (3.) Zakat collectors: These are persons that the authority employs to collect the Zakat.
- (4.) Allah's cause: General opinion is that this term embraces every kind of struggle for a righteous cause.
- (5.) The debtors: Debtors are people burdened by debts because of personal needs or social necessity.
- (6.) Wayfarer: The travelers stranded in a foreign land and in need of money to achieve his objective or return to his own country.
- (7.) Freeing Captives: Freeing nick-bondage and people living in poor countries who suffer from economic slavery.
- (8.) Attracting hearts: To prevent the harm of non-Muslims and to help the transition of new Muslims.

**Read carefully and v appropriate  before signing:**

I (and, if appropriate, my spouse) have read and signed the accompanying disclosures and waivers.  
 I/we attached a copy of my/our driver's license, social secutiry card, passport, or green card and any verifying documents related to this request.  I/we have attached a copy of your proof of income is preferred along with proofs of expenses.  I/we grant the Islamic Society of Wichita - Zakat Foundation permission to contact my masjid and my references for purpose of verifying and/or supplementing the information in this application.  I/we also understand that the Zakat Foundation may seek my or another local masjid's cooperation in resolving my situation.  I/we solemnly witness that there is no God but Allah and that Muhammad (sallallahu alayhi wasallam) is his messenger, and that the foregoing information is true to the best of my/our knowledge.  I have read the above policy and by signing this form I agree to abide by its terms and conditions.

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

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

**OFFICE USE ONLY**

<b>Zakat Application Approval ( ) Denied ( )</b>	<b>Zakat Application Approval ( ) Denied ( )</b>
Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____	

NOTE: PLEASE RETURN THIS FORM TO ISW OFFICE MANAGER FOR RECORDS.