



# Islamic Community Center of Laurel Zakat Form 20

Today's date:		Referred by:		Mail this form and valid <u>Photo I.D</u> to: ICCL 7306 Contee Rd, Laurel, MD 20707						
<b>APPLICATION INFORMATION (INCOMPLETE INFORMATION OR NO VALID PHOTO I.D WILL DELAY YOUR REQUEST)</b>										
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Marital status (circle one) Single / Mar / Div / Sep / Widow			
Is this your legal name?	If not, what is your legal name?			Home phone #:	Social security #:		Birth date:	Age:	Sex:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	( )	( )					<input type="checkbox"/> M	<input type="checkbox"/> F	
Current address:				City:	State:	ZIP code:	How long?	<input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Friend	
Nationality:	Language(s) spoken:	Highest education completed:		School name and address:			Certifications or skills:			
Specify the total amount/value in your possession			Net Cash:	Gold/Gold Jewelry:	Silver/Silver Jewelry:	Stocks,Bonds,Shares,cash deposits:				
Citizenship status:	<input type="checkbox"/> US citizen	<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Other (specify)						
Health insurance:	<input type="checkbox"/> None	<input type="checkbox"/> Medicaid #		<input type="checkbox"/> Medicare #		Child support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how much \$	
<input type="checkbox"/> Insurance name:	Policy #		Life insurance:		Food stamps:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how much \$		
Temporary cash assistance :	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes from where?		How much?		401K/ pension plan: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>EMPLOYMENT HISTORY (IF UNEMPLOYED PLEASE PROVIDE LAST EMPLOYMENT)</b>										
Current employer:			Position:		Salary( monthly):		How long?			
Employer address:				City:		State:	ZIP Code:	Employer phone #:		
				( )				( )		
<b>REFERENCES (PROVIDE TWO REFERENCES WHO CAN VERIFY YOUR CONDITION)</b>										
Name:			Phone #:		( )	Relationship:	Known since:			
Address:										
Name:			Phone #:		( )	Relationship:	Known since:			
Address:										
Name of masjid or organization that you are a member of:						Phone #: ( )				
Outstanding Debts (If yes,please describe w/ amount): <input type="checkbox"/> Yes <input type="checkbox"/> No										
Have you loaned money to another party (If yes,please describe w/ amount): <input type="checkbox"/> Yes <input type="checkbox"/> No										
Please briefly describe the personal and/or family needs: ----- -----										
<b>NAME OF DEPENDENTS FOR WHOM ASSISTANCE IS REQUIRED</b>										
Name:		Sex:	Birth date:	Relationship:		Name:		Sex:	Birth date:	Relationship:
1.						2.				
3.						4.				
I authorize Islamic Community Center of Laurel (ICCL) to verify the information in this application. I understand that I may be required to present proof of all the statements in this application upon request. I understand that a representative of ICCL will verify the necessary information in order for ICCL to render any assistance to me in a timely and discreet manner. I am aware that due to unforeseen circumstances, assistance I requested may be unavailable. I certify that I have read, or had read to me all the statements in this form and all the information given is true, correct, and complete to the best of my knowledge.										
Signature of the applicant:							Date			
<b>OFFICAL USE ONLY</b>	Information verified:	<input type="checkbox"/> Yes	<input type="checkbox"/> Could not be verified			Valid Photo ID included with this application:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Application incomplete	<input type="checkbox"/> Approved	Amount approved:	\$	Valid until:		<input type="checkbox"/> Denied (specific)				
Comments / notes:										
Signature of ICCL official:						Date:				