

Zakat Fund Financial Aid Application

The Islamic Association of West Virginia

The Zakat Fund Committee of IAWV distributes Zakat donated by the community to those who are in need and are eligible for Zakat. **Please fill out this application form fully and attach the required documents. Incomplete applications or applications without the required documentation will not be processed. Please note that the "financial" documentation provided will NOT be copied and will be returned after the application is processed. All information and documentation will be kept strictly confidential.** It can take two weeks to process an application after all documentation has been received. **By signing this application, I certify that all information provided is true and complete, and I hereby agree to abide and comply with IAWV Zakat fund rules and regulations.**

I. Application Information:

Legal Last Name _____ MI _____ Legal First Name _____

Other Name/Muslim Name _____ Religion _____ Social Security# _____

Street Address _____

City _____ State _____ Zip Code _____

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Work Telephone# Home Telephone#

Email _____

Spouse Information:

Spouse's Legal Name (Last, MI, & First Name) _____ Spouse's Social Security# _____

III. Family Income:

\$ _____ / per month
Total Family Income

Applicant's Occupation _____ Employer's Name & Telephone # _____

Spouse's Occupation _____ Employer's Name & Telephone # _____

Additional income you receive from other sources (e.g. unemployment insurance, welfare, etc, from government and all sources)

\$ _____

V. Amount requested/Purpose/Financial Need:

The committee processes checks to a third party. **NO checks will be written directly to the applicant. You must attach a lease contract, bills, or other statements for which this financial aid is being requested.**

Attach Bill or Statement for which Financial Aid is being requested

\$ _____ Purpose: _____
Amount (e.g. pay rent, electricity, etc....)

Explain your financial situation (use space on back of sheet, if needed)

PLEASE ATTACH THE FOLLOWING DOCUMENTS. YOUR APPLICATION WILL BE INCOMPLETE AND CANNOT BE PROCESSED WITHOUT THIS DOCUMENTATION.

Please note that the below listed financial documentation will be kept confidential/secured and will not be copied or reproduced, and will be returned after the application is processed.

Most Recent Federal Income Tax Return

Last 2 Paystubs

All Bank Account Statements (checking, saving & investment)

II. Age/Status/Physical Ability:

Age: _____ Sex: _____

Marital Status: _____

No. of Dependents living with you: _____

Disability: _____
Explain _____

IV. References:

Please give names and telephone numbers of two Muslim individuals in the local community (not related to you) who know about your financial difficulties, and who have not received any aid or benefits from IAWV in the last 2 years:

1. _____ -
Legal Name Telephone #

2. _____ -
Legal Name Telephone #

VI. Authorization:

I certify that the information contained in this application is true. I authorize the Zakat Fund Committee to investigate my needs and income including performing a credit check and obtaining my credit report.

_____/_____/_____
Signature Date

IMPORTANT NOTE: Applications without a signature will NOT be processed.

Please drop this form in the Imam's office at the Islamic Association of West Virginia or mail to:

Zakat Fund Committee
IAWV
1 Valley Drive
South Charleston, WV 25303

VII. Official Use Only:

Action: Approved / Denied

\$ _____ / / _____
Amount (if approved) Date

Processor's Initials: _____

Applicant's Financial Documentation:

I acknowledge that all my financial documentation has been returned to me.

_____/_____/_____
Applicant's Signature Date