**Mountain House Muslim Association**Mountain House, CA 95391 **zakat@mhma.info**

**Zakat and Sadqah Application Form**

***NOTICE OF CONFIDENTIALITY****: This Zakah/Sadaqah Form includes personal and confidential information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakah/Sadaqah requests. Unauthorized use, copying, distribution or dissemination of the information provided in this application is strictly prohibited.*

**INSTRUCTIONS:**

* Please provide accurate and detailed information to enable a timely and effective application
evaluation.
* Note that an incomplete form will **not** be considered for evaluation.
* Provide **clear** copies of:
	1. Photo ID: For the applicant, spouse and all dependents; Driver’s License, State Issued ID or Passport.
	2. Social Security Card (for all those that provided photo ID as identification)
	3. Lease agreement; (If renting).
	4. Other documentation that might help in the evaluation, such as medical reports, receipts, billing statements.
* Note that all provided documentation is considered the MHMA Zakat Committee property and will
not be returned to the applicant.
* The Committee will examine all provided information and will contact the references.
* Simply applying for Zakah or Sadaqah does **not** mean an automatic approval of the application.
* Normal application process time is typically one (1) week from the receipt of the application, and
may be longer. The Zakat Committee will be contacting all applicants.
* If you have any questions about your application, please contact the Committee directly.

**Applicant’s Demographic Data: (Write in Capital)**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial**: \_\_\_\_\_\_

**SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_ **Gender**:  Male  Female **Driver license/ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Apt/House #** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**:  Single  Married  Divorced  Windowed

**Masjid or Islamic Center or Organization you frequently visit or are associated with?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you speak English?**  Yes  No **If No, what is your primary language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Circumstances:**

Please provide information about the other people in your household.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Dependent on you?** | **Relationship?**  | **Source of income (if any)?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you applied for Zakat / Sadqah before to MHMA?**  Yes  No**If Yes, when?** Month \_\_\_\_\_\_\_ Yr. \_\_\_\_\_

**Have you applied for Zakat / Sadqah before to any other organization?**  Yes  No

**If Yes, when?** \_\_\_\_\_\_\_\_\_ **Name of the organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Was it approved?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of the current residence?**  Own House  Shelter  Rental Apartment

  Room Rental (in house)  Subsidized (low income) Housing

 Other accommodation (Provide detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If renting, does anyone share the rent with you?**  Yes  No **If Yes, how much?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Transportation:**  Own Automobile Make, Model and Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Public Transport Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:**  Full Time  Part Time  Unemployed  Self-Employed

**Employer Name or Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If part time hours/week:** \_\_\_\_\_\_\_

**Health Insurance:**  Insured  Uninsured  Medi-Cal/Medicare Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**  College Grad  High School  Unknown Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assets owned by the household:**

|  |  |  |
| --- | --- | --- |
| **Type of the Assets** | **Value** | **Date Owned** |
| House | $ |  |
| Business | $ |  |
| Car(s) | $ |  |
| Cash | $ |  |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  |
| Total | $ |  |

**Your monthly income: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount receiving from Government Aid monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Loan or Debt you own including Credit Card or Mortgage:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount** | **Lender** | **Payment Frequency** | **Due Date** | **Loan used for** |
| $ |  |  |  |  |
| $ |  |  |  |  |
| $ |  |  |  |  |
| $ |  |  |  |  |
| $ |  |  |  |  |
| $ |  |  |  |  |

**Estimate of the monthly expense:**

|  |  |  |
| --- | --- | --- |
| **Expense** | **Amount** | **Frequency** |
| Rent (if any) | $ |  |
| Clothing and Laundry | $ |  |
| Food | $ |  |
| Transportation | $ |  |
| Phone and Internet | $ |  |
| Electricity and Gas | $ |  |
| City and HOA  | $ |  |
| Tuition, Books, School Expense | $ |  |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  |
| Total | $ |  |

**Zakat:** Are you eligible for Zakat?. **YES or NO\_\_\_\_\_\_\_\_**

A person is eligible to receive Zakat if they are poor or needy and their invest property/savings is above their basic needs but below the nisab threshold.

What is Nisab? The nisab is a threshold figure that determines if someone's wealth is liable for Zakat and can be measured in gold or silver, the nisab by the gold standard is 3 ounces of gold, or its cash equivalent, which is around $7630.00 (as of Jan 15,2025) or above. The nisab by the silver standard is 21 ounces of silver, or its cash equivalent.

**Reason for the application:**

**Why are you applying for the Zakat / Sadqah?** (Please use extra sheet if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you need assistance on monthly basis or one time?**  Monthly  One-time

**If monthly, for how long?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How much amount per month**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If one time, how much is your need?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference**:

***Notice****: Please note that references should neither be immediate relatives or people who live with you,
nor Zakah/Sadaqah recipients.*

Please list at least 2 names of anyone with whom you are familiar and who can confirm or verify the
information you provided. Muslim references especially from local masjid is preferred, at least one, but list all references.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

**Statement**:

I testify in front of Allah (سبحانه و تعالى) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakah/Sadaqah. I will immediately inform MHMA Zakat Committee if I apply for the Zakah/Sadqah or any other form of assistance to any other organization, or there is any change in the circumstances I have mentioned in the form.

**Name** (Please Print)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Person filling the form for the Applicant**

**Name** (Please Print)**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***This page is for the office use only. Please do not write anything on this page***

**Plan for Assistance:**

**Date of receipt of application: \_Application is online and date is when we received complete filled application.**

**Application Approved: We inform the status of the application on email correspondence with the applicant.**