

ISLAMIC CENTER OF SAN GABRIEL VALLEY

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

Tel.: (626) 964-3596 Fax: (626) 965-3568 Email: info@icsgv.com Website: www.icsgv.com

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.

For Office Use Only

Interviewed by: _____ Approved

Date: _____ Disapproved

To Be Filled Out by Treasurer/Joint Treasurer

Amount Disbursed: _____

Check #: _____ Date Issued: _____

Explanation of disbursements over \$1000: _____

Shoora Member Sig.: _____ Shoora Member Sig.: _____

(Required for amounts over \$1000)

(Required for amounts over \$1000)

Date: _____

Date: _____