



Islamic Direction & Enhancement Association (IDEA)

Garland Makkah Masjid

3301 W. Buckingham Road Garand, TX 75042

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ZAKAT FORM

Today's Date: ____ / ____ / ____ Time in Dallas: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Driver's License / ID Number: _____ State: _____

Social Security Number: _____ - _____ - _____

Marital Status: ____ Single. ____ Married. ____ Divorced. ____ Widowed

Number of Dependent Children: ____ Are you Employed? ____ Yes. ____ No

References:

Name: _____ Relationship to Applicant: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship to Applicant: _____

Phone 1: _____ Phone 2: _____

**Which mosque do you attend? _____

**What is the name of your Imam? _____ **Where do you pray Jummah? _____

**Have you requested Zakat from another Mosque within the past 6 months? ____ Yes. ____ No
If yes, which Mosque? _____

Are you actively seeking employment? ____ Yes. ____ No

**Zakat information is shared between local mosques

REASON FOR AID REQUEST

Rent: Name of Apartment Complex: _____

Manager's Name: _____ Manager's Phone Number: _____

Is Rent Due or Late? ___ Yes. ___ No Amount: \$ _____

Utility Bill 1:

Name of Company: _____ Account Number: _____ Amount: \$ _____

Utility Bill 2:

Name of Company: _____ Account Number: _____ Amount: \$ _____

Utility Bill 3:

Name of Company: _____ Account Number: _____ Amount: \$ _____

Other: (If your request is for something specific, use the space below to provide details)

Please make sure you have provided the following information.

___ Current and Correct Address where required. ___ Social Security Number of ID Number ___ Present your Picture ID for photocopying ___ Two references that are aware of your situation ___ Copies of Utility Bills, Evictions, Lease Agreement, telephone bills, or other relevant documents.

I have received, read and understood the policies and procedures governing the Zakat process. I give Garland Makkah Masjid and its representatives, permission to verify my information with other local mosques and to verify and information pertaining to this Zakat application or my situation with any references I list.

_____/_____/_____ Signature Date

FOR OFFICE USE ONLY

___ Verified Current Address ___ Obtained copy of Driver's License or ID ___ Copies of Utility Bills if required ___ Two references that are aware of your situation.

Reviewed By: _____ Date: ____/____/____

Decision: ___ Approved. ___ Denied.

Amount: \$ _____

Reason: _____

FOR ACCOUNT USE ONLY

Applicant Received Zakat: ___ Yes. ___ No.

If Yes: \$ _____

Date: ____/____/____ Amount: \$ _____

Date: ____/____/____ Amount: \$ _____

Date: ____/____/____ Amount: \$ _____

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