

**ZAKAT AND SADAQA APPLICATION
THE MUSLIM COMMUNITY CENTER.INC**

15200 New Hampshire Ave, Silver Spring, MD 20905 Email: info@mccmd.org

Phone (301)-384-3454, Fax (301)-384-6281

This application is valid only for applicantants residing in the State of Maryland and the District of Columbia. Priority will be given to MD residents. Applicants from Virginia will not be accepted.

Please complete the application form and attach a valid **federal or state photo ID of applicant and each dependent listed. Do not submit social security cards.**

Below are three options for submitting your application:

- 1) Place the completed application with all required documentation in the drop box located opposite the Imam's office.
- 2) By email: Attach the images of the completed application with all required documents with your email to **zakat@mccmd.org**
- 3) Complete the online digital application form and upload all required documents and your federal or state ID as instructed.

Use this link: <https://mccmd.org/zakat-services/>

Applicant Information

First & Last Name:		Today's Date:	
Date of Birth:		State ID #:	
Telephone:	Home: _____ Cell: _____	Email Address:	
Home Address:		City, State, Zip:	

Total Number of Household Members

No.	Full Name	Relationship	Age
1			
2			
3			
4			
5			
6			
7			
8			
9			

Age Limit for children: 21 years or less at date of application

By signing below, I recognize and testify to the following: a) MCC has the permission to verify the information provided by contacting my masjid or any other relevant party; b) The information provided in this application is accurate, true and correct. Providing false information can lead to disqualification of my application; c) I am responsible for reporting Zakat assistance to the IRS and other government agencies

Signature

Date

For MCC Zakat Committee's Use only

Total family size:

Amt. per person:

Total:

Amount approved by zakat chairperson:

Zakat Asst. Signature: _____

Zakat Chair Signature: _____

Date: _____

Date: _____

Amount approved by president:

Comments: _____

President BOD/Chair, BOT Signature: _____

Date: _____