

## 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](mailto: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's Information

<b>First &amp; Last Name:</b>	<b>Today's Date:</b>	
<b>Date of Birth:</b>	<b>Driver's License No.:</b>	
<b>Telephone Home:</b>	<b>Email Address:</b>	
<b>Telephone Cell:</b>	<b>City, State, Zip:</b>	
<b>Home Address:</b>	<b>Employer:</b>	<b>Job Title:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Religion:</b> <input type="checkbox"/> Islam <input type="checkbox"/> Other	<b>Education Level</b>	
<b>English Proficiency:</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Limited <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking	<input type="checkbox"/> Some High School <input type="checkbox"/> High school or GED diploma <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree	
<b>Residence Status:</b> <input type="checkbox"/> Citizen <input type="checkbox"/> Green Card <input type="checkbox"/> Refugee <input type="checkbox"/> Other		

### FINANCIAL SUMMARY

Income Source	Amount	Monthly Expense Type	Amount
From employment		Rent/Mortgage	
Social Security		Utilities	
Gov't Support (TANF)		Transportation	
SNAP/WIC		Food	
Alimony & Child Support		Medical	
From other Masjid		Debt	
Savings		Other	
Other			

### ZAKAT/SADAQA REQUEST

Please indicate the porpose for what the zakat/sadaqa is requested and the amount

Need	Amount	Need	Amount
Rent/Mortgage		Utilities	
Food		Medical	
Refugee Settlement		Other (explain in the note section below)	
<b>TOTAL AMOUNT BEING REQUESTED (Required)</b>			

Number of siblings ages 21 or below, or still at college or disabled

Please briefly explain your financial situation that may qualify you for financial assistance from MCC.

The following supporting documents should be attached to this application: *(Please check those attached)*

- Government/State issued identification card
  - Copy of past due bills: utilities (gas, electric, water), eviction notice, rent or mortgage amount
  - County/State assistance (SNAP,SSI, cash assistance, rental assistance, etc...) if applicable
  - Recent pay stubs
- And/Or**
- Last year W2 or 1099

By signing below, I recognize and testify to the following:

- a. MCC has the permission to verify the information provided by contacting my local masjid or any other relevant party.  
The information provided in this application is accurate, true and correct. Providing false information can result in the denial of your application
- b. I am responsible for reporting Zakat assistance to the IRS and other government agencies
- c. I understand that the approval process may take up to 14 business days for approval if all relevant documentations have been submitted
- d. I understand that until all relevant documents have been provided my application will be on hold

**Applicant's Signature:**

**Date:**

If App Prep by other than Applicant - Name:

Signature:

**For MCC Zakat Committee's Use only**

Application classification:  Refugee  Zakat  Sadaqa

**Amount approved by zakat chairperson:**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Last YTD Pmts

App. Ref #

**Zakat Asst. Sig.:** \_\_\_\_\_

**Zakat Chair signature:** \_\_\_\_\_

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

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

**Amount approved by president:**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**President/Chair, BOT signature:** \_\_\_\_\_

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