ZAKAT AL FITR 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.

Below are three options for submitting your application:

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

assistance to the IRS and other government agencies.

Signature

- 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. That can be found here: https://mccmd.org/services/zakat

Applicant Information											
First & Last Name							Today's Date				
Date of Birth	/		/				State ID #				
Telephone	Home: Cell						Email Address:				
Home Address	s:						City, State, Zip:				
Total Number of Household Members											
No.				Ful	ll Name			Relation	ıship	Age	
No.				Ful	Il Name			Relation	ıship	Age	
1 2				Ful	ll Name			Relation	ship	Age	
1 2 3				Ful	ll Name			Relation	ship	Age	
1 2 3 4				Ful	ll Name			Relation	ship	Age	
1 2 3 4 5				Ful	ll Name			Relation	iship	Age	
1 2 3 4 5				Ful	ll Name			Relation	ship	Age	
1 2 3 4 5				Ful	ll Name			Relation	iship	Age	
1 2 3 4 5 6 7				Ful	ll Name			Relation	iship	Age	

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

Date

	For MCC Zakat Committee's Use only	
Total Family size	Amount approved by zakat chairperson:	
Zakat Asst. S Date:	ig.: Zakat Chair signature: Date:	
Comments:	Amount approved by president:	
_ P	resident BOD/Chair, BOT signature:	
C	eate:	