بسم الله الرحمن الرحيم

In the name of Allah, the Beneficent, the Merciful

ISLAMIC CENTER OF LONG ISLAND

835 Brush Hollow Road
Westbury, New York 11590
Phone: (516) 333-3495 Email: 1icli@optonline.net
Fax: (516) 342-3703 Web Site: www.icliny.org

Date application received at ICLI office: ___/___/___
Received by: _____

Date check mailed (if approved): ___/___/____
Mailed by: _____
Letter mailed, if rejected ___/___/____
Mailed by:_____

APPLICATION FOR ZAKAT / FITRAH

(PLEASE PRINT CLEARLY)

Incomplete Applications Will be Declined

Name: (Legal) _____
First **M.I.** **Last**

Address: _____
Street **Apt #** **City** **State** **Zip**

Telephone No: (____) _____ (____) _____ (____) _____
Home **Work** **Emergency**

Martial Status: Single[ ] Married[ ] Divorced[ ] Widow[ ] **Age:** _____ **Date of Birth:** _____/_____/_____

Have you received assistance from ICLI before? [ ] Yes [ ] No If yes, how much & when?_____

Are you employed? [ ] Yes [ ] No If No, what are your financial sources?_____

Please list your childrens names & ages (if applicable):

_____

_____

Please state reason of the need for financial assistance in detail:

_____

_____

_____

_____

_____

-Please use reverse for additional space–

You must provide a photocopy of identification that includes your name and address

_____ _____
Applicant's Muslim name (if any) **Applicant (Legal) Signature and Date**

FOR OFFICE USE ONLY

ICLI Zakat Committee reviewed the application on _____ approved a donation of $_____/If rejected check here___

By_____ **Comments, if any**_____

ICLI Accounting Office issued check# _____Amount $_____Date_____By_____

Comments, if any _____

Revised: 05/17/16