

North Durham Masjid
2609 W. Carver St
Durham, N.C. 27705
(919) 908-8804

Zakat/Sadaqah Application Form

In the name of Allah, the Beneficent, the Merciful,

Thank you for applying to the North Durham Masjid for assistance. We will respond to your request as soon as possible, Insha Allah.

Type of Assistance Provided and Eligibility Criteria

- Assistance is given Insha Allah to low-income families who need financial assistance with past due utility and rent bills. Prescription, medical, food, transportation and clothing help are also available on a limited basis at this time Insha Allah.
- Applicants must be residence of Durham County or nearby surrounding area.
- Must make an appointment. Call masjid to make an appointment. Leave a message with your name, a working number you can be reached, type of assistance needed, family size and income.
- Applicants must bring to appointment: valid photo id, social security cards or other valid identification for all household members, utility bills with current address, lease, any outstanding bills, pay check stubs for past month for applicant, spouse, and any other working adult in the home.
- Information provided on this application will be kept confidential.
- We will process all requests according to Quranic guidelines and availability of funds, insha Allah.

Full name: _____
(Last) (First) (M.I.)

Spouse: _____
(Last) (First) (M.I.)

Current Address: _____
(Street Address) (Apt #/Unit)

(City/State) (Zip Code)

Working phone number: _____ email: _____

- Male Female
 Single Widowed Married Divorced

Number of members in household _____ Number of persons under 18yrs of age _____

Monthly bills applicant is responsible for:
 Rent/Mortgage \$ _____ Water Gas Electric Other: _____

Employment:

Currently employed? (circle one) Y N If yes, employer name and phone number: _____

Current household income: _____ Weekly Twice a month Monthly

Type of assistance requested (check all that apply):

- Food Clothing Medical
 Rent Utilities Transportation Prescription

Total amount Requested: \$ _____

Have you ever received assistance from this organization? (circle one) Yes No

Have you ever received assistance from any other organizations? (circle one) Yes No

If yes, list which organizations did you receive assistance from, when was assistance received, and for what purpose? _____

I hereby declare that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in no assistance.

Signature of applicant: _____ Date: _____

FOR OFFICIAL USE ONLY:

Amount paid: \$ _____ Approved by: _____ Signature: _____

Received \$ _____ Date received: _____ Recipient Signature: _____