



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

LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 Tel: (516) 357- 9060

Application for Financial Assistance

(Zakaat / Fitra / Sadaqah)

PART I – Applicant Information

- **Full Name:** _____
- **Residential Address:** _____
- **Mailing Address (if different):** _____
- **Phone:** _____ **Email:** _____
- **Gender:** ___ **Age:** ___ **Marital Status:** _____
- **Sayyid Family (descendant of Prophet ﷺ)?** Yes / No
- **Number of Dependents:** ___
 - **Relationship to You:** _____
- **Immigration Status (Citizen/Green Card/Other):** _____
- **Employment Status:** _____
 - **If Unemployed, Why?:** _____
- **Monthly Income:** \$ _____
- **Household Monthly Income:** \$ _____
- **Monthly Expenses:** \$ _____
- **Receiving Other Aid (e.g., SNAP, Medicaid, WIC)?** Yes / No
 - **If Yes, Specify & Value:** _____
- **Housing:** Own / Rent



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- **Value/Rent:** \$ _____
 - **Vehicle(s):** Own / Lease
 - **How Many & Value(s):** _____
-

ASSISTANCE REQUEST

- **Amount Requested:** \$ _____
 - **Type:** One-time / Monthly
 - **If Monthly, for How Many Months?:** _____
 - **Reason for Request:**
-
-
-
-

Zakatable Assets Calculation

Asset Type	Value (\$)
Cash/Savings	_____
Gold/Silver	_____
Business Inventory	_____



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Asset Type	Value (\$)
Property (not primary residence)	_____
Stocks/Bonds	_____
Retirement Funds (401k, etc.)	_____
Loans Given (expected to return)	_____
Total Assets	\$_____
Debts (due within 12 months)	-\$_____
Net Zakatable Assets	\$_____

Declaration

I, _____, request financial assistance from Zakaat/Fitra/Sadaqah funds.

I affirm that I meet the shar'ee eligibility criteria and that my financial resources are below the current Zakat Nisaab.

Signature: _____

Date: _____

PART II – Reference (if applicable)

I recommend Mr./Ms. _____ for financial assistance.

To the best of my knowledge, they meet the shar'ee eligibility criteria.



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- **Name:** _____
 - **Signature:** _____
 - **Phone:** _____
 - **Email:** _____
-

FOR OFFICE USE ONLY

- **Request Approved?** Yes / No
- **Amount Approved:** \$ _____
- **Type:** One-time / Monthly
 - **If Monthly, Duration:** _____ months
- **Administrator Signature:** _____
- **Date:** _____