



Islamic Center of Morgantown

Zakat Application

First Name

Last Name

Street Address

E-mail

City

State

ZIP

Phone

ID Type

ID Issuer

ID Number

Monthly Income

Number of Dependents

Amount Requested

Reason for Request

Rent

Groceries

Utilities

Medical

Debt

Do you have any relationships (personal or business) with any ICM Executive Committee or Board of Trustees members? If so, please explain

Required documentation to include in your email in .pdf format

- **Copy of ID**
- **Proof of immigration status in U.S. if not U.S. Citizen**
- **Tax return**
- **Bank Statements (last six months)**

Please describe your situation and why you require assistance below:

Signature

Date