



Islamic Center of Morgantown

Islamic Center of Morgantown
434 Harding Ave
Morgantown, WV 26505

Zakat Application for Financial Assistance

Instructions: Please fill out this form to the best of your knowledge. Failure to complete this form may result in delayed or denied assistance. Please attach the required documents and email them to the following email address: icmorgantowntreasurer@gmail.com. All first-time applicants must meet the Imam in person prior to receiving their first check. Processing may take up to 7 days.

Required Documents (4):

(1) Photo ID (2) Previous year's tax return (3) 6 months of bank & credit card statements (4) Proof of legal status

Personal Information

First Name		Last Name	
Street Address		City	
State		Zip Code	
Phone Number		Email Address	
Religion		Number of Dependents	
ID Type		ID Number	
Do you have a relationship (personal or business) with any ICM Executive Committee member or Board of Trustee member? If so, please explain.	Yes	No	Explain: _____ _____

Financial Information

What is your current employment status?	Employed	Not Employed	What is your total monthly income?	\$		
Do you receive child support and/or alimony?	Yes	No	If so, how much in total?	\$		
Do you receive any government benefits? (SNAP, WV WORKS, Social Security etc.)	Yes	No	If so, how much in total?	\$		
Amount requested from ICM	\$					
Reason for request (Choose one or more)	Rent	Groceries	Utilities	Medical	Debt	Other: _____

Please describe your situation and why you require assistance below:

Applicant's Signature		Date	
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