



# Maryland Institute of Development – Zakat Form

APPLICANT INFORMATION (INCOMPLETE INFORMATION WILL DELAY YOUR REQUEST)			
Last Name:		First and Middle	
Legal Name (If different from above):			
Gender: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female*		Marital Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married* <small>*If Female and Married, provide Husband's Information on Side B.</small>	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Nationality:		Citizenship Status: (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Specify): _____	
Street Address:		Phone Number:	
City:		State:	Zip:
How Long? ____ years ____ months		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (Specify): _____	
Spoken Languages:			
Highest Education Completed:			
School Name and Address:			
Certifications and/or Skills:			
ASSETS AND SUPPORT			
Cash / Bank Account Balance (in USD):	Value of Gold / Gold Jewelry (in USD):	Value of Silver / Silver Jewelry (in USD):	Value of Stocks, Bonds, Investment Funds (in USD):
Do you have a retirement fund (e.g. Pension, 401K)? <input type="checkbox"/> Yes (Specify value in USD): _____ <input type="checkbox"/> No			
Do you have any outstanding debts? <input type="checkbox"/> Yes (Specify value in USD): _____ <input type="checkbox"/> No			
Do you have health insurance / Medicare / Medicaid? <input type="checkbox"/> Yes (Fill out the applicable fields below) <input type="checkbox"/> No			
Insurance Provider:		Policy Number:	
Medicare #:		Medicaid #:	
Do you have a life insurance policy? <input type="checkbox"/> Yes (Specify value in USD): _____ <input type="checkbox"/> No			
Child Support? (Specify amount and frequency) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		Food Stamps? (Specify amount and frequency) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Are you receiving any temporary assistance? <input type="checkbox"/> Yes (Specify from whom and amount received): _____ <input type="checkbox"/> No			
EMPLOYMENT (IF UNEMPLOYED, PROVIDE PREVIOUS EMPLOYMENT INFORMATION)			
Employer Name:			
Street Address:		Phone Number:	
City:		State:	Zip:
Position:		Salary (Monthly):	
How Long? ____ years ____ months			



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**HUSBAND INFORMATION (IF FEMALE AND MARRIED)**

Last Name:	First and Middle:
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Has your husband applied for zakat?     Yes  No (Fill out the field below)

Briefly explain why your husband has not filed for zakat:

**DEPENDENT INFORMATION (FOR WHOM ASSISTANCE IS NEEDED)\***

Name	Date of Birth	Gender	Relationship
1.			
2.			
3.			
4.			

\* Add additional pages if necessary

**REFERENCES (MUST PROVIDE TWO REFERENCES THAT CAN ATTEST TO YOUR CONDITION)**

Name:	Relationship	Known Since
Address:	Phone Number:	
Name:	Relationship	Known Since
Address:	Phone Number:	
Name of masjid that you are a member of:	Phone Number:	

**PERSONAL STATEMENT**

Briefly describe your personal and/or family needs:

I authorize Maryland Institute of Development (MID) to verify the information provided in this application. I understand that I may be required to provide proof of the statements made in this application upon request by MID. I understand that MID will verify the information provided in this application in order to render any assistance to me in a timely and discreet manner. I am aware that submission of this application is not a guarantee of assistance. I certify that I have understood the contents of this application and that the information that I have provided in this application is true, accurate, and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved? <input type="checkbox"/> Yes	Amount: _____	Valid Until: _____ <input type="checkbox"/> No
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Notes:

MID Signature: \_\_\_\_\_ Date: \_\_\_\_\_