

# Mountain House Muslim Association

Mountain House, CA 95391

**zakat@mhma.info**

## Zakat and Sadqah Application Form

**NOTICE OF CONFIDENTIALITY:** This Zakah/Sadaqah Form includes personal and confidential information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakah/Sadaqah requests. Unauthorized use, copying, distribution or dissemination of the information provided in this application is strictly prohibited.

### INSTRUCTIONS:

- Please provide accurate and detailed information to enable a timely and effective application evaluation.
- Note that an incomplete form will **not** be considered for evaluation.
- Provide **clear** copies of:
  1. Photo ID: For the applicant, spouse and all dependents; Driver's License, State Issued ID or Passport.
  2. Social Security Card (for all those that provided photo ID as identification)
  3. Lease agreement; (If renting).
  4. Other documentation that might help in the evaluation, such as medical reports, receipts, billing statements.
- Note that all provided documentation is considered the MHMA Zakat Committee property and will not be returned to the applicant.
- The Committee will examine all provided information and will contact the references.
- Simply applying for Zakah or Sadaqah does **not** mean an automatic approval of the application.
- Normal application process time is typically one (1) week from the receipt of the application, and may be longer. The Zakat Committee will be contacting all applicants.
- If you have any questions about your application, please contact the Committee directly.

### Applicant's Demographic Data: (Write in Capital)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

SSN: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female Driver license/ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/House # : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Windowed

Masjid or Islamic Center or Organization you frequently visit or are associated with? \_\_\_\_\_

Do you speak English? ☐ Yes ☐ No If No, what is your primary language? \_\_\_\_\_

## Applicant Circumstances:

Please provide information about the other people in your household.

Age	Dependent on you?	Relationship?	Source of income (if any)?

Have you applied for Zakat / Sadqah before to MHMA? ☐ Yes ☐ No If Yes, when? Month \_\_\_\_\_ Yr. \_\_\_\_\_

Have you applied for Zakat / Sadqah before to any other organization? ☐ Yes ☐ No

If Yes, when? \_\_\_\_\_ Name of the organization: \_\_\_\_\_ Was it approved? \_\_\_\_\_

Place of the current residence? ☐ Own House ☐ Shelter ☐ Rental Apartment

☐ Room Rental (in house) ☐ Subsidized (low income) Housing

Other accommodation (Provide detail): \_\_\_\_\_

If renting, does anyone share the rent with you? ☐ Yes ☐ No If Yes, how much? \$ \_\_\_\_\_

Method of Transportation: ☐ Own Automobile Make, Model and Year: \_\_\_\_\_

☐ Public Transport Other: \_\_\_\_\_

Employment Status: ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Self-Employed

Employer Name or Business Name: \_\_\_\_\_ If part time hours/week: \_\_\_\_\_

Health Insurance: ☐ Insured ☐ Uninsured ☐ Medi-Cal/Medicare Other: \_\_\_\_\_

Education: ☐ College Grad ☐ High School ☐ Unknown Other: \_\_\_\_\_

## Assets owned by the household:

Type of the Assets	Value	Date Owned
--------------------	-------	------------

House	\$	
Business	\$	
Car(s)	\$	
Cash	\$	
Other (Specify) _____	\$	
Other (Specify) _____	\$	
Total	\$	

**Your monthly income:** \_\_\_\_\_

**Amount receiving from Government Aid monthly:** \_\_\_\_\_

**Loan or Debt you own including Credit Card or Mortgage:**

Amount	Lender	Payment Frequency	Due Date	Loan used for
\$				
\$				
\$				
\$				
\$				
\$				

**Estimate of the monthly expense:**

Expense	Amount	Frequency
Rent (if any)	\$	
Clothing and Laundry	\$	
Food	\$	
Transportation	\$	
Phone and Internet	\$	
Electricity and Gas	\$	
City and HOA	\$	
Tuition, Books, School Expense	\$	
Other (Specify) _____	\$	
Other (Specify) _____	\$	
Total	\$	

**Zakat:** Are you eligible for Zakat?. **YES or NO** \_\_\_\_\_

A person is eligible to receive Zakat if they are poor or needy and their invest property/savings is above their basic needs but below the nisab threshold.

What is Nisab? The nisab is a threshold figure that determines if someone's wealth is liable for Zakat and can be measured in gold or silver, the nisab by the gold standard is 3 ounces of gold, or its cash equivalent, which is around \$7630.00 (as of Jan 15,2025) or above. The nisab by the silver standard is 21 ounces of silver, or its cash equivalent.

## Reason for the application:

Why are you applying for the Zakat / Sadqah? (Please use extra sheet if needed)

---

---

---

---

---

---

---

Do you need assistance on monthly basis or one time? ☐ Monthly ☐ One-time

If monthly, for how long? \_\_\_\_\_ How much amount per month: \$ \_\_\_\_\_

If one time, how much is your need? \_\_\_\_\_

## Reference:

**Notice:** Please note that references should neither be immediate relatives or people who live with you, nor Zakah/Sadaqah recipients.

Please list at least 2 names of anyone with whom you are familiar and who can confirm or verify the information you provided. Muslim references especially from local masjid is preferred, **at least one**, but list all references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Statement:**

I testify in front of Allah (سبحانه و تعالی) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakah/Sadaqah. I will immediately inform MHMA Zakat Committee if I apply for the Zakah/Sadqah or any other form of assistance to any other organization, or there is any change in the circumstances I have mentioned in the form.

**Name (Please Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Person filling the form for the Applicant**

**Name (Please Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Plan for Assistance:**

Date of receipt of application: \_Application is online and date is when we received complete filled application.

Application Approved: We inform the status of the application on email correspondence with the applicant.