

“Verily never will Allah change the condition of a people  
Until they change themselves.”  
Surat Al-Anfal Verse 11, XIII: 11

**Islamic Center of Cedar Rapids**

**ZAKAT COMMITTEE OF CEDAR RAPIDS**

2999 First Avenue, SW  
CEDAR RAPIDS, IA 52404  
PHONE: (319) 362-0857

**BEFORE COMPLETING THE APPLICATION FORM PLEASE READ CAREFULLY.**

1. Complete all information for quick processing of the application.
2. Attach all copies of bills and expenses.
3. Attach copies of W-2 forms, IRA 1040 form (if applicable), 2 month Bank Statements.
4. Any falsification of information may result in rejection of benefits.
5. Report any change in circumstances to case-worker or Zakat Committee in writing.

Failure to report will result in termination of benefits.

I certify that all statements given in this form are true.

Signature of applicant:

Date:

Case Worker:



15. Explanation of Situation

16. Do you have disabilities that prevent you from work:

**Part 2- Household Information**

17. Number of dependents in your household:

18. List details of dependents

	<b>Full Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Grade</b>	<b>School</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

19. Do you and your dependent have medical Insurance? Yes/no

If yes, Name of Carrier

20. Is any of your dependents employed? Yes/no

21. Are your dependents enrolled in school full time: Yes/no

22. Do your children have behavior problems in the school?

If yes, Child's Name

Counselor

**Part 3- Financial Information**

23. How long do you anticipate assistance?

24. Has your income stopped recently? Yes/no When?

25. Do you or anyone in your household receive public assistance? Yes/no

If yes, Name of organization:

26. Are you receiving assistance from other sources? Yes/no

If yes, complete below:

	Name of Source	Amount	How Often
Religious			
Government			
Private			
Other Charities			

27. Do you or your spouse have credit cards? Yes/no

If yes, are they delinquent? Yes/no

28. Name of the saving bank Checking Account

29. Please provide the following information:

Expenses:		
Monthly Rent		
Monthly Utilities		
Food and Living expenses		
Car Payments and Transportation		
Credit Payments		
Medical Expenses		
Child Care		
Other- List		
Income:		
Monthly Income		
Alimony for child care		
Public assistance and food stamps		
Cash in Saving, Checking Account, Bonds etc		

30. Amount of Money Requested?

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