



*In the Name of Allah, the Compassionate, the Merciful.  
Praise be to Allah, Lord of the Universe, and Master of the Day of Judgment*

ADAM COMMUNITY CENTER

3635 ROCHESTER RD, TROY, MI 48083

## ZAKAH / SADAQAH APPLICATION FORM

Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

**INSTRUCTIONS: Use the following checklist to make sure you have completed your application:**

1. ☐ Yes, I have provided accurate and detailed information in clear handwriting.
2. ☐ Yes, I have included CLEAR COPIES of Michigan Identification Card and/or Driver's License for: myself, my spouse and all of my dependents
3. ☐ Yes, I have included copies of Social Security Cards for: myself, my spouse and all of my dependents.
4. ☐ Yes, I have included a copy of the Lease Agreement (if renting).
5. ☐ Yes, I have included a copy of proof of income for myself, my spouse and my family.
6. ☐ Yes, I have included all and any other documentation that might help in the evaluation of this application such as: medical reports, receipts, billing statement, etc.

**IMPORTANT NOTES: (please read the following notes carefully before you continue)**

- Every time you apply, you will have to submit a new complete application. All the 6 steps above need to be checked off in order for this application to be accepted.
- All provided documentation is considered the Zakah / Sadaqah committee property and will not be returned to the applicant even if the application is denied.
- Simply applying for Zakah / Sadaqah does not mean automatic approval of the application.
- The committee will examine all provided information and will contact the references.
- All applicants who have submitted a **COMPLETE** application WILL BE CONTACTED.
- If you have any questions please contact the Zakah / Sadaqah committee ONLY.

**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.**





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**Employment Status:**

Are you currently employed? ☐ Yes ☐ No

If yes, where \_\_\_\_\_  
Institution Name Address Job title

Have you ever received assistance from ADAMCC before? Yes ☐ No ☐

If yes, explain how much and when \_\_\_\_\_

**Financial Status:** (if none in any block, please write None)

Monthly Gross Income/Aid		Monthly Expenses		Net Assets (Value of major possessions)	
Source	Amount (\$)	Item	Amount (\$)	Item	Amount (\$)
Salary from Job/work		Food		Car book value Year: _____ Model: _____	
Social/Supplement Security income (SSI)		Rent			
Food Stamp		Mortgage			
Subsidized/Low Income Housing, Public Housing		Utilities		Bank account	
WIC (Women, Infants, Children) program		Phone		House	
Energy Assistance Program		Others		Cash	
Government Student Loan/Scholarships				Others	
Child Support					
Medicare/Medicaid					
Senior Services					
Alimony					
Cash					
Unemployment					
Assistance from other Masjids or organization (not AMDA)					
Any other government aid					
Other (specify)					
<b>TOTAL AMOUNT</b>		<b>TOTAL AMOUNT</b>		<b>TOTAL AMOUNT</b>	

Have you received assistance from or applied to other sources? ☐ Yes ☐ No

If so, list the sources: \_\_\_\_\_



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**Situation** (Attach additional pages as needed.) (PLEASE BE SPECIFIC):

(1) Describe purpose for which aid is sought.

(2) State what caused you to be in need.

(3) Give specific dollar amount for each need for which aid is sought.

(4) State how assistance from the Zakat Fund for all or part of the total will meet your need.



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**Declaration by Applicant:**

Please read the following carefully before signing (non-Muslims may amend the text to reflect their own religious tradition):

I (and, if appropriate, my spouse) have read and signed the accompanying notice of disclosures and waivers. I/we attach a copy of my/our driver's license, Social Security card, passport, or green card and any verifying documents related to this request. I/we grant the American Muslim Diversity Association permission to contact my masjid and my witnesses for purposes of verifying and/or supplementing the information in this application. I/we also understand that the ADAMCC may seek my or another local masjid's cooperation in resolving my situation and that I/we may be asked to participate in programs as a condition of any grant or assistance. I/we solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the foregoing information is true to the best of my/our knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration by Witness/Reference:**

Witnesses/References: [Witnesses/References must be UNRELATED to applicant, or to the creditors, or to each other, and must not live in the same household as each other or as applicant. No more than one witness may be from a social service agency. References should NOT be any of the Zakah / Sadaqah Committee members, ADAMCC Finance personal, or ADAMCC Board members who are involved in the application process. Muslim references are preferred (at least one).] [PLEASE PRINT CLEARLY.]

We the undersigned solemnly witness that there is no god but Allah and that Muhammad is His messenger, and that the above information is true to the best of our knowledge.

Witness(1) Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Phone Number (Day Time): \_\_\_\_\_ (After Hours): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

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

Witness(2) Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Phone Number (Day Time): \_\_\_\_\_ (After Hours): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

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