



sbia
SOUTH BAY ISLAMIC ASSOCIATION

2345 Harris Way San Jose CA 95131
(408) 947-9389 | sbia@sbia.info -
www.sbia.info

Zakat Application Form - Instructions

Please provide accurate and detailed information so as to enable a timely and effective application evaluation.

Application:

1. All fields must be filled out. An incomplete form will **not** be considered for evaluation
2. The check will be mailed to the recipient, so a valid address must be provided. Checks are not handed out to recipients.
3. Only one application per family, per address
4. Information regarding spouse must be filled out
5. References must be of Muslims who live in the South or East Bay. References of SBIA members is preferred. Please note that references should not be immediate relatives or people who live with you, nor Zakat recipients.

Provide **clear** copies of:

1. **Photo ID:** For the applicant and spouse [Driver's License, State Issued ID or Passport]
2. **Birth Certificate:** For all children [this must have parents name on it]
2. **Social Security Card**
3. **Lease agreement** (this should have the name of the applicant on it)
4. **Proof of income** (all proof of income must be submitted, including that of spouse: Pay Stub, EDD, SSI, Cash Aid, Food Stamps, etc.)
5. **Other documentation** that might help in the evaluation; such as medical reports, receipts, billing statements, etc. – All documents must be less than 60 days old

Notes:

1. All provided documentation is considered the Zakat Committee property, and will not be returned to the applicant
2. The committee will examine all provided information and will contact the references.
3. Simply applying for Zakah does **not** mean an automatic approval of the application.
4. Application process time: For applications to be processed, they must be turned in on or before the 25th of each month. Zakat checks will be mailed between the 1st and the 5th of the month. During busy times, such as Ramadan, or other times, we may not be able to adhere to these exact dates/timelines. All applications turned in after the 25th will be processed in the following month.
5. We will only be issuing 3 checks per year.
6. **IF ANY PORTION OF THE APPLICATION IS NOT FILLED OUT COMPLETELY OR CORRECTLY, THE APPLICATION WILL NOT BE PROCESSED.** We are not responsible for letting you know.



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Zakat Application Form – FORM – Page 1

Legal Name	
Other names used (if any)	
Address	
Phone # & Email	

Checks will be mailed, so please ensure that your name and address are clearly printed and are correct.

Age: _____ **Gender:** _____ **Drivers License/ID:** _____

Masjid or Islamic Center/Organization you frequent: _____

Number of dependants living with you (including spouse): _____

Ages (of children, if any): _____

Have you applied for Zakat at SBIA before? Yes No If yes, when? _____

Place of Residence: Own Home Apartment Room Rental (in home) Shelter
Other: _____

If renting, does anyone share the rent with you? Yes No; If yes, how much? \$ _____

Estimate how much you need \$ _____

Why you are applying for Zakat? (Use extra sheet if necessary)



Zakat Application Form – FORM – Page 2

Please check and fill any of the following you have received within the **last calendar year**:

Type of income/aid	Amount	Last Date Received	Frequency
Salary from work	\$		
Social / Supplement Security income	\$		
Food Stamp/Link Card	\$		
Child Support	\$		
Alimony	\$		
Unemployment	\$		
Assistance from Rahima Foundation	\$		
Assistance from Local Masjid	\$		
Aid from other organization	\$		
Other (specify)	\$		
Total	\$		

Please check and fill any of the following expenses you may have:

Type of expenses	Value
Rent	\$
Food	\$
Transportation	\$
Utilities (Bills)	\$
Other (specify)	\$
Total	\$

Loan/debt you owe: \$ _____ **Due Date:** _____

To whom you owe? (Please provide name, address and phone number)

References: Name, city, phone number and/or e-mail [see instructions above]

1	
2	

I testify in front of Allah (SWT) 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 Zakat.

Signature: _____

Date: (Month, Day, Year)