



# ADAMS ZAKAT-UL-FITR APPLICATION

46903 Sugarland Road, Sterling, VA 20164 - Phone: (703) 433-1325

The following items are **required** in order to process your application:

- Please write clearly in all capital letters.
- All portions of this form must be completed; incomplete applications may be delayed or rejected.
- Attach a *copy of driving license or valid ID issued by govt. to match your current address.*

Application Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

U.S. Citizen [Check One]: [ ] Yes [ ] No If 'No,' state Immigration Status: \_\_\_\_\_

Total Monthly Income of **All Persons** in the Household: \$ \_\_\_\_\_

Expenses: Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

(Describe): \_\_\_\_\_

Total # of family members (Attach copy of govt. issued valid ID for each claimant) \_\_\_\_\_

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

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

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

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

(For more space, please use other side)

Please specify if you have applied for Zakat-ul-Fitr at any other organization: \_\_\_\_\_

### Please read and sign below.

By signing below, I certify that the information contained in this application is correct to the best of my knowledge. By submitting this application, I also affirm myself (and my household) to be eligible for Zakat-ul-Fitr.

\_\_\_\_\_  
Signature

\_\_\_\_\_/2010  
Date

### OFFICE USE ONLY

Received: \_\_\_\_\_/2010 Decision: [ ] Approved [ ] Differ [ ] Denied Amount: \$ \_\_\_\_\_

Repeat? \_\_\_\_\_ Date: \_\_\_\_\_/2010 Initials: \_\_\_\_\_

Notes: \_\_\_\_\_