



Zakat Application Form

Islamic Society of Greater Valley Forge

958 N. Valley Forge Rd. Devon, PA 19333

(610) 688-2209. Email: office@isgvf.com

Please note ISGVF representative will call you and/or your references to verify the provided information.

SECTION 1: APPLICANT INFORMATION

Applicant Name: _____ Spouse Name: _____

Address: _____

Phone No: _____ Email: _____

Marital Status: _____ Gender: M F Age: _____

Employment Status: _____ Monthly Income: _____ Dependents: _____

SECTION 2: FINANCIAL ASSISTANCE INFORMATION

Requested Amount: _____ Reasons for Financial Assistance: _____

References:

1. Name: _____ Contact No: _____

2. Name: _____ Contact No: _____

Any Financial Assistance received in last 12 months:

• From ISGVF: Yes No Amount & Date Received: _____

• Other Organization, Name: _____ Contact Number : _____
Amount & Date Received: _____

I hereby certify that the application information on this form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

(Applicant or person filing for Applicant)

SECTION 3: ZAKAT COMMITTEE

Case Worker: _____ Amount Approved: _____

Zakat Committee approval: (Print Name & Signature)

Name: _____ Sig.: _____ Name: _____ Sig.: _____

Name: _____ Sig.: _____ Name: _____ Sig.: _____

Application Approval or Rejection remarks: _____

Amount paid: _____

Check No & issue date: _____

Treasurer Sig: _____

Check: Mailed/Picked: _____