



# ADAMS Zakah Application

ALL DULLES AREA MUSLIM SOCIETY 46903 Sugarland Road, Sterling, VA 20164 Suite 314  
(703)433-1325 ext. 1108 & 1124 [socialservices@adamscenter.org](mailto:socialservices@adamscenter.org)  
Emergency (571)437-9779 or (571)-249-2201 Fax: 703.935.0857

Last Name, First Name (Please print in capital letters)			Date	Driver's License #	
Legal Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident			<input type="checkbox"/> Other (Explain):		
Contact Information:			Employment Information:		
( )					
Home Phone		Email Address	Name of Company		Job Title
Home Address			Company Address		
City	State	ZIP Code	Marital Status		Masjid Attended

Additional Members of Household (Include adults Living in the house)		
Name	Relationship	Age (if over 17, please include income)
	Spouse	

Financial Information					
Monthly Gross Income		Monthly Expenses		Assets	
Source	Amount	Item	Amount	Item	Amount
Work		Rent/Mortgage		Checking	
SSI		Utilities		Savings	
Child Support		Phone		IRA	
Govt. Support		Car Note + Ins.		Pension Fund	
Spouse Income		Food		Stocks/Bonds	
Other Masjid		Transportation		Property Equity	
Charity Org.		Medical		Other	
Food Stamps		Credit Cards			
Other		Other			
Total:		Total:		Total:	

Zakah Request
Please list bills/other expenses with amounts which will be paid from Zakah funds: _____ _____
Have you or your family member received or applied to ADAMS or other source for financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list each source and amount:

For Official Use Only
Date Received: _____ New? _____ Repeat? _____ Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Deferred <input type="checkbox"/> Denied
Amount: _____ Initials: _____
Notes: _____



\_\_\_\_\_

**References**

\*Must be familiar with applicant's situation (References will be preferred if known to ADAMS also).

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

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

**Please carefully read the following before signing**

Applicant accepts and testifies to the following:

1. ADAMS has permission to verify information provided by the applicant from appropriate sources.
2. Applicant has provided true and complete information to the best of his/her knowledge and it may be disqualified for assistance if he/she knowingly provides false information on the application.
3. Applicant may be required to present all supporting documents, IRS filings, letter of "Future Planning" and/or "Recommendation letter from local Masjid" upon request.
4. Applicant will not submit original bills or documents (Only photo copies please).
5. Application is accompanied by a copy of applicant's driver's license. Incomplete applications may be declined or deferred.
6. ADAMS will put forth its greatest efforts to provide the best possible assistance based on individual's circumstances. Interfering factors include Zakah regulatory constraints, limited or unavailable funds. The decision made by the Zakah Committee will be final and it will not be provided in writing.
7. The requested assistance will be in the form of Zakah check, food certificates, counseling, and/or referrals to government funded programs depending upon applicant's circumstances.
9. Applicant is responsible for reporting Zakah assistance to the IRS and other government agencies.
10. The Zakah Committee may take up to 15 business days for processing and approval.
11. This application is valid for three months only, after which applicant may reapply if hardships persist.
12. Applicant acknowledges that he/she stand before Allah (SWT) in truth and Allah (SWT) is his/her witness.

"O you who believe! Fear Allah (SWT) and be with those who are true (in words and deeds)." (9:119)

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



## ADAMS ZAKAH CHECKLIST

Please submit all applications to our office at: 46903 Sugarland Road, Suite 314 Sterling, VA 20164  
703-433-1425 ext. 1108 and 1124 or [socialservices@adamscenter.org](mailto:socialservices@adamscenter.org)

To ensure that your request for Zakah assistance is submitted for review, please attach all supporting documents to your completed application. If any required documents are not attached, your application will not be reviewed and will be pending until all necessary documents are submitted. Presenting your request for Zakah committee review, does not guarantee approval for assistance.

- Completed Application
  
- References
  
- Virginia State ID or Passport
  
- Income Verification
  - Paystubs
  - Unemployment Benefits
  - SNAP Benefits
  - Tax Return
  - SSI
  - Child Support
  
- Address Verification
  - Lease
  - VA State ID
  - Utility Bills
  
- Other Documents
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_