



*In The Name of Allah, Most Gracious, Most Merciful*  
**As-Siddiq Muslim Organization**



Phone: (718) 523-4167  
 Internet: [www.assiddiq.org](http://www.assiddiq.org)  
 Email: [masjid@assiddiq.org](mailto:masjid@assiddiq.org)

**Masjid Address**  
 117-25 133<sup>rd</sup> Street  
 South Ozone Park, NY 11420

**Mailing Address**  
 P.O. Box 200712  
 South Ozone Park, NY 11420

**ZAKAAH REQUEST FORM**

**Contact Information**

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ (MM/DD/YYYY) Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

**Family Information**

Marital Status:  Married  Divorced  Widow  Never Married  
 Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_  
 Names & Ages of Children: \_\_\_\_\_

**Personal and Financial Information**

Are you Muslim?  Yes  No Do you currently receive Zakaah from another organization?  Yes  No  
 Reason for requesting financial support from As-Siddiq Muslim Organization:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Monthly Income: \$ \_\_\_\_\_ Monthly Expenses: \$ \_\_\_\_\_ What Masjid do you attend? \_\_\_\_\_

**References**

Please Provide the Names and Phone Numbers of two (2) people who can speak on your behalf.  
 Reference # 1: Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Reference # 2: Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Applicant's Signature: ✕ \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Recommendation: \_\_\_\_\_  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_