

In the Name of God, Most Gracious, Most Merciful  
**ISLAMIC CENTER OF SOUTHERN CALIFORNIA**

434 S. Vermont Ave., Los Angeles, CA 90020  
Phone: (213) 382-9200 Website: www.icsconline.org

**Application for Zakat**  
(Islamic Relief Zakat Partner)

**\*\*\*GROCERY COUPONS AND BUS TOKENS ARE  
AVAILABLE ON THE 1<sup>ST</sup> FRIDAY OF THE MONTH ONLY\*\*\***

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Mengha

LA Fresh Poultry

Bus tokens

Do not fill out an application for hot lunch. A limited number of hot lunches are available from Zakat. Please go directly to the Social Hall.

Date: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Date and Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Are you working? Yes No Occupation: \_\_\_\_\_

Are you a U.S. citizen: Yes No

Monthly Income: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Do you receive SSI: Yes No Amount \_\_\_\_\_

Do you receive food stamps: Yes No Amount: \_\_\_\_\_ Welfare Yes No Amount \_\_\_\_\_

Describe your need: \_\_\_\_\_

\_\_\_\_\_

Did you receive assistance from the Islamic Center in the past? Yes No YEAR: \_\_\_\_\_

To receive assistance a copy of picture ID is REQUIRED Signature of Applicant: \_\_\_\_\_

Office Use

Action taken: Approved Amount: \_\_\_\_\_ ID Checked  
Declined Reason: \_\_\_\_\_

File Review: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

UNDERSTAND THAT INFORMATION REGARDING ANY ZAKAT AMOUNT OR OTHER ASSISTANCE I RECEIVE FROM THE ISLAMIC CENTER OF SOUTHERN CALIFORNIA MAY BE SHARED WITH OTHER ORGANIZATIONS.

SIGNATURE OF APPLICANT: \_\_\_\_\_