

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH  
YOUR APPLICATION: COPIES OF YOUR DRIVER  
LISCENCE, SOCIAL SECURITY CARDS AND INCOME  
VERIFICATION.  
PLEASE PRINT CLEARLY.**

**Dar Al-Hijrah Islamic Center  
Social Services Department**

3159 Row Street  
Falls Church, VA 22044  
Tel: (703) 533-3051  
Fax: (703) 536-1035  
Daralhijrahss@yahoo.com

**ZAKATUL FITR APPLICATION**  
FOR NORTHERN VA APPLICATIONS ONLY

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip-code:** \_\_\_\_\_

**Telephone: Work** \_\_\_\_\_ **Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Marital Status:** \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

**What Masjid/Mosque do you attend?** \_\_\_\_\_

**CHILDREN RESIDING WITH THE APPLICANT**

(1)Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(2)Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(3)Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(4)Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**OTHER PERSONS IN HOUSEHOLD**

(1)Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2)Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Financial Status:**

**MONTHLY INCOME (FROM ALL SOURCES)**

**Monthly Institution: Amount: \$** \_\_\_\_\_

**Private Institution: Amount: \$** \_\_\_\_\_

**Monthly Expenses:**

Accommodations \_\_\_\_\_ Rent \_\_\_\_\_ Transportation \_\_\_\_\_ Food \_\_\_\_\_ Medical  
Bills \_\_\_\_\_

**References:**

(1) Name: \_\_\_\_\_ Tel: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**I, the Applicant acknowledge that I stand before Allah in the truth and Allah is my witness.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

**Committee Decision:**

( ) Approved: ( ) Zakatul Fitr Amount: \$ \_\_\_\_\_ ( ) Not Approved

**Signature of Authorized Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Dar Al-Hijrah Zakatul Al-Fitr Application Process

Please help to assist Dar Al-Hijrah Social Services Department in processing your Zakatul Fitr Application by providing all of the following necessary documentation.

This will help out the application process as smoothly and stress free as possible this Ramadan for those who are in need.

1. Please fill out the application completely
2. Provide a photo ID (Such as a driver license, non driver license photo ID, Passport.)
3. Provide a Social Security Card.
4. Provide income verification such as three months Pay Stubs, Income Taxes, Social Security, and Social Security disability income.
5. Provide two references that may verify your current circumstance.
6. Lease
7. Note that your ID must match the lease address; lease must be on a letterhead or a legal document.

ZAK the Social Workers will collect all necessary information and may verify it by calling your references, etc. if necessary. It is important that you provide accurate information.

**NOTE: IF NECESSARY, HOUSE VISITS MAY BE PERFORMED TO VERIFY ELIGIBILITY.**