



Application for MCC Zakat Assistance

Case #: _____

1 | APPLICANT INFORMATION

Name _____

Address _____

City/State/Zip _____

Date of birth _____ Gender _____

Citizenship _____ SSN _____

Passport / ID _____ Country/State _____

Issue date _____ Expiration date _____

Phone _____ Email _____

Marital status Single Married Divorced Widowed Separated

2 | FINANCIAL ASSISTANCE INFORMATION

Monthly income _____ Number of dependents _____

Residence Own Home Apartment Shelter Room Rental Other

Employment Full-Time Part-Time Self-Employed Unemployed

Health insurance Insured Uninsured Medi-Cal/Medicare

Transportation Own Automobile Public Transportation Other

List the amount and the source of any other assistance funds you received in the last 8 weeks:

Organization/Agency: _____ Amount: _____

Organization/Agency: _____ Amount: _____

Have you applied for MCC Zakat Assistance before? _____

Purpose of funds Rent support Medical expenses Living expenses

Other _____

Amount needed: _____



Application for MCC Zakat Assistance

Case #: _____

3 | STATEMENTS

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

Name _____ Signature _____ Date _____

MCC's management and board of directors shall not permit in any conditions the fund to be used except above stated purpose. The use of fund for any other purpose shall not be permitted. I undersigned agree to comply with rules and compliance policy of MCC.

Name _____ Signature _____ Date _____

4 | APPROVAL - MCC Official use only

Number of times the applicant has been assisted YTD _____

Total amount the person has been paid by MCC in YTD _____

Decision Approved Denied Need more information

Reason _____

Amount _____

BOD member _____ Signature _____ Date _____

Check number _____ Date _____

Date reported on the board meeting minutes _____

Notes _____
