



# Islamic Center of Hawthorne Inc.

12209 Hawthorne Way, Hawthorne, CA 90250

Mailing Address: P.O. Box 2285, Hawthorne, CA 90251

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## Zakat/Assistance Application Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, Social Security#: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_, Driver License or ID # \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Number of Dependents: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

\* Do you receive unemployment or disability benefits?  Yes  No

\* Do you receive welfare or general assistance?  Yes  No

\* Have you applied for assistance from the Islamic Center of Hawthorne?  Yes  No

If yes, state the date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Granted \$ \_\_\_\_\_

Refused

\* Have you applied for assistance from any other organization?  Yes  No

If yes, state the name of the organization: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Granted \$ \_\_\_\_\_  Refused

\* Nature of present financial difficulty \_\_\_\_\_

\* Please state assistance the amount you are requesting: \$ \_\_\_\_\_

**\*Please provide two references with your ID**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***For Office Use ONLY***

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_, \_\_\_\_\_

Result:  GRANTED, Amount\$ \_\_\_\_\_, Check# \_\_\_\_\_  REJECTED