



MUSLIM COMMUNITY CENTER – EAST BAY

5724 W. Las Positas Blvd., #300, Pleasanton, CA 94588

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APPLICATION FOR ELIGIBILITY OF ZAKAT OR SADAQA

PLEASE PRINT CLEARLY & SIGN LAST PAGE. ELECTRONICALLY COMPLETED APPLICATIONS NOT ACCEPTED.

There is a minimum 72-hour processing time from receipt of application. No same-day checks or checks issued on a Friday.

First Name: _____ Last Name: _____ Today's Date: _____

Amount You Are Requesting in Sadaqa or Zakat (from page 3): _____

INSTRUCTIONS: Please check each box on this checklist to confirm that your application is complete:

1. Yes, I have provided accurate and detailed information in clear handwriting and signed the last page.
2. Yes, I have included **CLEAR COPIES** of the California Driver's License/Identification Card **and** the Social Security Cards for **myself**, my **spouse**, and all **dependents** living with me.
3. Yes, I have included a copy of my home or apartment's rental Lease Agreement.
4. Yes, I have included proof of income or the last two pay stubs for **myself**, my **spouse**, and my **children** (only for **children** in my household who are working).
5. Yes, I have included **any and all** other documentation that might help in the evaluation of my application such as a recent eviction notice, a utility shut-off notice (if applying for utility assistance), a recent tax return, a past-due billing statement, medical reports, bank statements showing current balance, or payment receipts.
6. (**only check** if receiving public assistance) Yes, I've included my benefits letter for TANF, SSI, or Sec. 8.
7. Due to high volume of applications received weekly, I understand that my application will not be processed nor will I hear from MCC if I submit an **incomplete** application and/or lack sufficient supporting documents.

IMPORTANT NOTES: Please read the following notes carefully before continuing to the application.

- The **SEVEN** steps above must be checked and documents enclosed for your Zakat application to be reviewed.
- We contact applicants of **COMPLETED** *emailed* applications within five business days and **COMPLETED** *mailed/dropped-off* applications within ten business days. There is minimum three-business day processing.
- Simply applying for Zakat or Sadaqa does not mean automatic approval of your application. Additionally, all documentation provided are considered property of the MCC Zakat Committee and **WILL NOT** be returned.
- The MCC Zakat Committee is mandated by its congregation to distribute its Zakat and Sadaqa funds to residents living with a valid address in the **East Bay Area only**. South Bay residents apply to the MCA Bay Area at mcceastbay.org/mca. Sacramento-Area applicants are **not** eligible. Please contact your local masjid(s).
- Whenever practical, the Zakat Committee will mail check payment directly to the person, organization, provider, or company whom you owe. Applications that are emailed as one PDF (rather than mailed or dropped off to the MCC office) receive priority processing.

1. YOUR INFORMATION:

Your Name: _____ Date of Birth: _____ SSN #: _____

Spouse's Name (if applicable) _____ Date of Birth: _____ SSN #: _____

Address: _____ Apt # _____

Do not give us your address if you are staying in a domestic violence shelter. Applications are accepted from only East Bay Area residents.

City: _____ State: _____ Zip: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Secondary cell or Home phone: (_____) _____ - _____

Your Marital Status: Single Married Divorced Widowed Separated **(check one only)**

Which Masjid(s) or Islamic Center(s) in the Bay Area do you attend? _____

Are you a U.S. Citizen? Yes No. If **not**, what is your status in the U.S.? _____

If English is not your primary language, what is your preferred or primary language? _____

*MCC has a dedicated Zakat fund for refugees that arrive via the U.S. State Department **in the past two years.***

Did you arrive under a U.S. federal refugee resettlement program? No Yes

If **yes**, when did you arrive in the U.S., via which agency, and what is your country of origin?: _____

2. YOUR EMPLOYMENT STATUS:

Employment: Full-Time Part-Time Unemployed Self-Employed Disabled Other _____

In what field of work are you currently employed or were you most recently employed? _____

If working, company name: _____ Hourly Wage: \$ ___ Avg. Hrs./Week: ___ Job Position: _____

If you are **unemployed**, complete this section:

When did you lose your job? Explain why? _____

If **you are** claiming disability, have you applied for disability? No Yes. If **no**, why not? _____

Where were you last working? _____ Date: _____ Salary: _____

Are you currently looking for work? No Yes. If **no**, why not? _____

What prevents you from becoming gainfully employed? _____

Would you like us to circulate your resume to our congregation? No Yes, and I am enclosing my resume.

3. SELF- SUFFICIENCY WORKSHOP & FINANCIAL PLANNING:

Every six months, the MCC Zakat Committee hosts a Saturday morning workshop to help its Zakat applicants gain financial literacy, build a household budget, develop a resume, practice in mock job interview scenarios, and learn about employers hiring in our community. This confidential workshop is four hours long. It is closed to the public. Lunch is provided, public transportation vouchers are available, and translation available in Arabic, Farsi, and Urdu.

Would you attend this workshop? No Yes If invited, will you make a sincere effort to join us? No Yes

If **not**, why are you not interested? _____

If Zakat Committee determines your household would benefit from a private, free review of your household budget with a qualified planner volunteer, would you and spouse (if applicable) attend financial counseling? No Yes

4. **YOUR DEPENDENTS:** (include your spouse, children, and any relatives in your household relying on you)

Number of dependents living with you: _____. Please list every person living in your household.

First Name	Last Name	Date of birth	SSN	Relationship

If children are in your household, where are the mother and father? _____

If divorced, do you receive child support? No Yes. If **not**, why not? _____

Do you have household members over 16 years of age? No Yes

If **yes**, do they work? No Yes, my children over 16 contribute to household expenses.

If **not**, explain why your household members over 16 are not working. _____

5. **YOUR CIRCUMSTANCES & YOUR REQUEST:**

Have you previously requested assistance from MCC? No Yes. If **yes**, when? _____

Have you received assistance or applied for assistance from any other organizations? No Yes

If **yes**, which ones, when, and how much did you receive? * _____

***PLEASE NOTE:** MCC may inquire with other masjids and charitable organizations in the Bay Area. By not disclosing past Zakat disbursements, we may permanently disqualify you from receiving Zakat from MCC.

Where do you live? I own a home I rent an apartment I live in Section 8 low-income housing
 I live in subsidized public housing I am in a domestic violence shelter
 Room Rental (in house) Other (please specify): _____

If renting, does any person share the rent with you? No Yes. If **yes**, how much? \$ _____

How do you get around? I own an automobile I ride public transportation Other: _____

Health Insurance status Medi-Cal/Medicare Uninsured Employer provided I pay for health insurance

What is your education level? College Graduate Some College High School Other: _____

Why you are applying for Zakat/Sadaqa today? **BE DETAILED; NO GENERALIZATIONS** (Use extra page, if needed).

ESTIMATE THE AMOUNT YOU NEED: \$ _____*

* Check this box **only** if you are an applicant for MCC's Vehicle Donation Program and you are applying for Zakat assistance for help paying the initial insurance policy on the donated vehicle.

6. YOUR INCOME, PUBLIC ASSISTANCE, EXPENSES, DEBTS & ASSETS:

I. YOUR HOUSEHOLD'S MONTHLY INCOME

Please provide net income (gross income minus deductions).

Your Average Net Monthly Salary from Work	\$
Supplemental/Social Security Income (SSI)	\$
Non-SSI Disability Income	\$
WIC, TNFA, Food Supplementary, or Food Stamp/Link Card	\$
Medicare or Medi-Cal	\$
Other Public Assistance (i.e. CashAid, Unemployment) (Specify _____)	\$
Your Spouse's Net Monthly Salary (if applicable)	\$
Your Child's Net Monthly Salary (if applicable)	\$
Household's Additional Income Sources (Part-time employment, other Zakat, pension, retirement, child support, etc.)	\$
YOUR TOTAL HOUSEHOLD NET INCOME	#1 = \$

II. YOUR HOUSEHOLD'S MONTHLY EXPENSES:

Please ensure your figures are as accurate as possible.

Your <u>Rent</u> or <u>Mortgage</u> Circle which one.	\$
Child Care/Child Support/Alimony Payments	\$
Internet/Cable	\$

Please average the following expenses per month:

Utilities (water, electric, and gas)	\$
Cell Phone and/or Home Phone	\$
Groceries	\$
Medical Expenses (over the counter/prescription)	\$
Car Insurance	\$
Car Expenses/transportation (bus, train, gas, maintenance, tires, etc.)	\$
Property Tax/Real Estate Tax (if applicable)	\$
Clothing (entire family)	\$
Education (tuition, books, supplies)	\$
Miscellaneous please specify _____ Do not include payments on debts. Enter those in Section III .	\$
YOUR TOTAL MONTHLY EXPENSES	#2 = \$

III. YOUR HOUSEHOLD'S DEBTS:

(Do not include bills automatically being deducted (any items already listed in sections I & II Monthly Income & Expenses). List all credit, gas cards, and loans such as school, home equity, signature, personal loans, etc.)

<u>Bank/Institutions/Company/Person</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>	<u>Amount Past Due</u>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:	\$	\$	\$
YOUR TOTAL MONTHLY DEBT PAYMENTS			#3 = \$

IV. YOUR HOUSEHOLD'S DISPOSABLE INCOME (NISAAB)

Subtract your Total Net Income from your Monthly Expenses and Debt Payments. This final figure is your *Disposable Income*.

Total Household Net Income (#1)	+	\$
Monthly Expenses (#2)	-	\$
Debt Payments (#3)	-	\$
DISPOSABLE INCOME (NISAAB)	=	\$

V. YOUR HOUSEHOLD'S ASSETS

Approximate total value to your current accessible and available monetary and liquid assets:

Checking Account	\$
Savings Account	\$
Vehicle(s) (list the current fair market value)	\$
Gold (approximate cash value)	\$
Silver (approximate cash value)	\$
Real Estate (fair market value)	\$
All other investments, properties, and monies held in trust in your country of origin (if applicable)	\$
Good-faith estimate of total value of goods contained in home (clothing, electronics, furniture, etc.)	\$
YOUR TOTAL REPORTED ASSETS	\$

7. REFERENCES: Please read the following notes carefully before you continue.

- Please list **two names** of anyone whom you are familiar with and who can confirm or verify the information you provided in this application. The committee will contact references for verification.
- To prevent a potential conflict of interest, your references **CANNOT** be:
 - immediate relatives or persons who live with you
 - recipients of MCC’s Zakat or Sadaqa funds within the last calendar year
 - Zakat and Sadaqa Committee members or MCC Finance staff.

1. Name: _____ Phone: _____ Relationship: _____
Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____ Relationship: _____
Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____



- Did you check off the seven requirements and enclose supporting documents as listed on the first page? **If yes**, please turn in your application into MCC. **If not**, your application will be rejected as incomplete. Only submit after correcting your application and assembling your supporting documents.
- If you are missing any of the first six steps on the first page, your application will **NOT** be considered. You will **NOT** hear from us about your application. Please do NOT submit an incomplete application.

9. STATEMENT: Please carefully read the following statement and sign below.

My witness is Allah to the truth in this application. I testify that the information provided in this application is true and accurate to the best of my knowledge. I understand that if any information given turns out to be untrue, this application will automatically be denied. I hereby render MCC East Bay as the official representative (*wakeel*) of the Zakat funds that are released to me and give MCC East Bay’s Zakat Committee authorization to make direct payments on my obligations on my behalf.

Your Name: _____

Date: ___/___/20__

Spouse’s Name: _____

Date: ___/___/20__

For fastest processing, please scan your Zakat application along with all your supporting documents into a single PDF file and email to zakat-committee@mcceastbay.org. For slower processing, you may also drop off this completed application along with supporting documents to the MCC office or mail to the MCC.