

## Application for Supplementary Assistance

Please Follow These Simple Steps to Apply for Supplementary Assistance

**Note:** If you need any help completing this application, please contact:

Brother Zia Qureshi at (818) 945-1303 OR [support@halalproject.org](mailto:support@halalproject.org)

### Important Information Regarding Zakat/Supplementary Assistance

Who **DOES QUALIFY** for Zakat/ Supplementary Assistance

- Those of extreme poverty who possess no wealth whatsoever.
- Those who own property in excess of basic necessities but below the value of Nisab.
  - Note: *Nisab* is based on the amount in gold or silver that a person has in their possession. Zakat eligibility is based on the price of that amount of Gold (87.48g or 3.08oz) and silver (612.36g or 21.60oz) or its equivalent in cash (approximately \$685.80). If you have less than that amount, you are eligible to receive Zakat.
  - Note: The monetary value of Nisab fluctuates, and we will calculate it for you once we receive your application.

Who **DOES NOT QUALIFY** for Zakat/ Supplementary Assistance

- Those who have more than the amount of Nisab in their current possession.

### **NOTE:**

We reserve the right to end donations, once the applicant is no longer in need.

## Useful Tips and Information

The following local government agencies can help with food stamps, EBT cards, Medical/Medicare subsidized housing, educational services, healthcare, and senior services. Feel free to contact their offices anytime.

### **Los Angeles County Department of Public and Social Services:**

<http://dpss.lacounty.gov/>

2415 W 6th St  
Los Angeles, CA  
(213) 738-4505

### **Orange County Social Service Agency:**

<http://ssa.ocgov.com/>

333 W. Santa Ana Blvd.  
Santa Ana, CA 92701  
(714) 834-5400

**Contact Information for Various Services:**

**CalFresh/Supplemental Nutrition Assistance Program (SNAP)**

Application: <http://www.dss.cahwnet.gov/foodstamps/default.htm>  
contact 1-877-847-3663 for more information

**California CalWORKs (TANF)**

Application: <http://www.benefitscal.org/>  
contact (916) 657-2128 for more information

**California Healthy Families (SCHIP)**

Application: <http://www.healthyfamilies.ca.gov/Downloads/Applications.aspx>  
contact 1-800-880-5305 for more information

**California Medicaid:**

Application: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-CalEligibility2014.aspx>  
contact 916-445-4171 for more information

**California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

To find a local office: 1-888-WIC-WORKS (1-888-942-9675)  
or use the online search tool at  
<http://www.apps.cdph.ca.gov/wic/resources/laSearch/search.asp>

**California Summer Food Service Program (SFSP)**

For more information, visit the following website <http://www.cde.ca.gov/ls/nu/sf/>  
or contact 1-800-952-5609

## APPLICATION FOR ZAKAT ELIGIBILITY

DATE:

<input type="checkbox"/> MALE GENDER		<input type="checkbox"/> FEMALE		LAST NAME:		FIRST NAME:			
SOCIAL SECURITY#				DATE OF BIRTH:		DRIVER LICENSE#			
HOME ADDRESS:				CITY:		STATE: ZIP CODE:			
HOME PHONE#		MOBILE#		WORK#		PLACE OF BIRTH:			
OCCUPATION:		LAST WORKING DATE:							
BUSINESS ADDRESS:				CITY:		STATE: ZIP CODE:			
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED									
ALL HOUSEHOLD MEMBERS:									
1) NAME/RELATIONSHIP:			AGE:		2) NAME/RELATIONSHIP:			AGE:	
3) NAME/RELATIONSHIP:			AGE:		4) NAME/RELATIONSHIP:			AGE:	
FINANCIAL STATUS:									
\$ CHILD SUPPORT/MONTH		\$ ALIMONY/MONTH		\$ DISABILITY/MONTH		\$ EDD/MONTH			
\$ RENT/MONTH OTHER ACCOMMODATION EXPENSES		\$ TRANSPORTATION/MONTH		\$ MEDICAL BILLS/MONTH		\$ FOOD/MONTH		\$ OTHER DEBTS/MORTGAGE	
\$ MONTHLY INCOME		\$ OTHER WELFARE OR INSTITUTION		\$ NET ASSETS					
BANK ACCOUNT NUMBER:		\$ BANK BALANCE:							
THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:									

- COPY OF YOUR DRIVER LICENSE.
- COPY OF YOUR SOCIAL SECURITY CARD.
- COPY OF MOST RECENT PAY CHECK STUBS, TO COVER 30 DAY PERIOD.
- COPY OF MOST RECENT 2 MONTH'S BANK STATEMENTS.

NAME OF ISLAMIC CENTER AT WHICH YOU PERFORM YOUR PRAYER.

NAME & ADDRESS:		CITY:	STATE:	ZIP CODE:
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**2 REFERENCES:** (REFERENCES MUST BE UNRELATED TO APPLICANT AND MUST NOT LIVE IN THE SAME HOUSEHOLD)

SITUATION: STATE THE REASON YOU ARE IN NEED. HOW MUCH DO YOU NEED?

I (AND, IF APPROPRIATE, MY SPOUSE) HAVE READ AND SIGNED THE ACCOMPANYING NOTICE OF DISCLOSURES AND WAIVERS. I/WE GRANT HALAL PROJECT PERMISSION TO OBTAIN MY/OUR CREDIT REPORT, CONTACT MY/OUR MASJID AND MY/OUR REFERENCES FOR PURPOSES OF VERIFYING AND/OR SUPPLEMENTING THE INFORMATION IN THIS APPLICATION. I/WE SOLEMNLY DECLARE THAT I/WE AM/ARE MUSLIM/MUSLIMAH AND CURRENTLY DESERVE AND AM/ARE ELIGIBLE TO RECEIVE ZAKAT. I/WE ALSO DECLARE THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

YOUR SIGNATURE:	DATE:	SPOUSE SIGNATURE:	DATE:
OFFICE USE ONLY:			
<input type="checkbox"/> YES <input type="checkbox"/> NO INFORMATION VERIFIED		AMOUNT APPROVED: \$	
1) BOARD MEMBER NAME:		SIGNATURE:	DATE:
2) BOARD MEMBER NAME:		SIGNATURE:	DATE:
COMMENTS:			