



In the Name of Allah Most Gracious most Merciful
Islamic Center of New England

74 Chase Drive, Sharon MA 02067: Tel/Fax.(781) 784-0434
 470 South Street, Quincy MA 02169 Tel: (617) 479-8341, Fax: (617) 471-9526,

Last Name..... First Name.....

Social Security Number Nationality

Address:.....

City..... State..... Zip.....

Tel Number (Home)..... Work:.....

Gender : Male Female Single Married Widow

Citizenship to USA: Citizen Immigrant Non-immigrant Authorized to work

Number of household members Adults_____ Minors_____ Total

Special Circumstances and comments

.....

I, the undersigned, declare that all the above information is true and correct to the best of my knowledge. Allah is my witness.

Applicant's signature Date.....

Applicant: Don't write below this line

The decision of Zakat Committee: The request is

- Denied
- Approved for cash amount\$.....
- Approved for Food Gift Certificate ...\$.....

Total.....\$..... Check number_____.

Zakat Committee Chair.....Signature _____ date _____
Treasurer ICNE..... Signature _____ date _____
Comptroller _____ ICNE _____
Signature _____ date _____

Please send the application to ICNE-Zakat Committee