ZP-11/12: MDQ - ZaKah Procedure

(Last Modified: 11/04/12)

Zkt. Applicant

- Receive Zkt. Application Form: Z-11/12 from the Zkt.
 Committee
- Fill Zkt.Application Form Completely
- Submit the Application to the Zkt. CCommittee

Zkt. Committee

- Receive Filled ZKt. Application (Form: Z-11/12) from Applicant
- Investigate, Interview and Confirm Eligibility or Deny
- Forward Zkt. Worthy Applications to the President

President

- Discuss Form: Z-11/12 with EC
- Assign an EC member as the Zkt. coordinator
- Make a Decision to Approve or Deny the Application

Zkt. Coordinator

- If the application is approved receive the check, deliver it to the applicant, receive the applicant's acknowledgement on Form: Z-11/12, and file it.
- Maintain all Zkt. records properly

Form: Z-11/12: MDQ - ZaKah Application

(Last Modified: 11/04/12) [Date: /No.:

Following eligibility requirements must be met by all applicants for receiving financial assistance from the MDQ Zakatul Mal Fund. These guidelines are provided in the light of the guidance provided by Allah (SWT) in the Holy Quran. You must belong to at least one the following categories to qualify:

- 1. **The Masakeen**: Those who do not have anything, so they are in need of asking others for food and clothing.
- 2. *The Fuqaraa*: Those who have some money but cannot meet their basic needs.
- 3. **Zakah Collectors**: Those who are engaged in the collection and disbursement of Zakah.
- 4. Attracting Hearts: Those who are inclined to enter or have already embraced Islam.
- 5. Freeing Slaves/Captives
- 6. *In Debt*: Those who are in debt.

Approved BY/Signature:_____

- 7. **Allah's Cause**: Those who are engaged in the path of Allah for a righteous cause, including propagation and charitable purpose.
- 8. **Wayfarer**: Those who are stranded in a foreign land and are in need of money to return back to their country lawfully.

Name:	Single/Married/Dependents:
Phone:	Driver ID:
Email:	SS#
Address:	Age:
	Amount Requested:
City/State/Zip:	Category:
Reason for Asking Financial Aid:	Signature:
	(I certify that all information provided in this form
	is accurate, honest and true)
	Date:
Status:	Employment Info:
Referred By:	Income Source:
Household Income/month:	Household Expense/month:
Zakah Committee Comments/Signature by Chair:	
Approved/Amount Check No/Dated:	Not Approved: See back of the page

Received by Applicant (Signature):