



In the Name of Allah, the Most Gracious, the Most Merciful

2025 ZAKAT-UL-FITR APPLICATION

46903 Sugarland Road, Sterling, VA 20164 Suite 314 (703)-433-1325 ext. 1108 & 1124

Emergency (571)-437-9779 or (571)-249-2201 socialservices@adamscenter.org

Directions: The following items are required to process your application

- Please write clearly. All portions of this form must be completed.
- Attach a copy of Driver's License or State-issued photo ID card with current address that matched the address listed below. If the current address is not updated on Driver's License, please provide valid proof of address.
- Attach a copy of your latest Tax return if available.
- Attach a copy of Free or Reduced Lunch letters for school aged children. In case if the child does not have a lunch letter, please provide his/ her health insurance cards or school IDs.

Application Date: _____	Driver's License #: _____
Name: (Head of Household) _____	Street Address: _____
City: _____	State: _____ Zip Code: _____
Phone: _____	Birth Date: _____
U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" Immigration Status: _____	Total Monthly Income of all persons living in the Household: \$ _____
Expenses: Rent: \$ _____ Phone: \$ _____ Utilities: \$ _____ Auto & Transportation: \$ _____	Other Expenses: Other: \$ _____

Number of Family Members: _____

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Please specify if you have applied for Zakat-ul-Fitr at any other organization: _____
 By signing this application, I certify that the information contained in this application is correct to the best of my knowledge. By submitting this application, I also affirm myself (and my household) to be eligible for Zakat-ul-Fitr.

Signature: _____ Date: _____

OFFICE USE ONLY		
Received: _____	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount: \$ _____
Repeat? _____	Date: _____	Initials: _____
Notes: _____		