

**Urbana Muslim Association (UMA)**

3520 Sugarloaf Parkway, Suite F033

Frederick, MD 21704

care@umamd.org**Financial Assistance (check one box)**

- Zakat Application
 Sadaqa Application

Please ensure that you fill out all the mandatory sections of this application. The mandatory sections are denoted with an asterisk (*). The processing time for Zakat application is 2 weeks from the date when the application is received by the UMA Office. Please attach all required documents with your application.

Failure to provide the required documentation can result in delay or denial of your application.

Personal Information

Applicant's Legal Name: (Last, First, Middle) *		Other Name: (Last, First, Middle) *	
Address: *		Home Phone: *	
City: *		Mobile Phone: *	
State: *	Zip: *	Email Address: *	
Date of Birth: *		Social Security Number: *	
Citizenship / Visa Status: *	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other
Marital Status: (If Married, fill the spouse info below)	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Saparated	<input type="checkbox"/> Divorced	
Religion:		If Muslim, what Masjid do you attend:	
Spouse's Legal Name: (Last, First, Middle) *		Other Name: (Last, First, Middle) *	
Address: (if different from above) *		Home Phone: (if different from above) *	
City: *		Mobile Phone: *	
State: *	Zip: *	Email Address: *	
Date of Birth: *		Social Security Number: *	
Citizenship / Visa Status: *	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other

Children or Other Persons Living in Household

Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *
Name: *	Date of Birth: *	Relationship: *

Employment Information

(Please provide copies of 2 latest pay stubs OR proof of income for last two months)

Applicant's employer: *		Position: *	
Employer's Address: *		City: *	
State: *	Zip: *	Office Phone: *	
Spouse's employer: *		Position: *	
Employer's Address: *		City: *	
State: *	Zip: *	Office Phone: *	

Waiver

I hereby authorize the Urbana Muslim Association (UMA) to verify the information in this application. I understand that I may be asked to present proof of some or all of the statements in this application. I understand that a representative of UMA may contact my references to verify and/or supplement the information in this application. I am aware that due to Islamic regulations, UMA guidelines, and my circumstances, the assistance I am requesting may not be available. I am authorizing UMA to use information provided in this application to do background and credit checks. I solemnly witness that the information given in this application is true, correct, and complete to the best of my knowledge.

Applicant's Signature: *

Date: *

Evaluation / Decision (UMA Use Only)

Information Verified: Yes No

Case Number:

Date Received:

Date Reviewed:

Reviewer #1 Name:

Reviewer #2 Name:

Reviewer #1 Signature:

Reviewer #2 Signature:

Approved: Yes No

Amount Approved:

Check Number:

Check Issued: