



## B. Employment History

**Applicant's Employment Status:** Full-Time Part-Time Unemployed Self-Employed

Applicant's occupation: \_\_\_\_\_

Name of Applicant's Employer (current or last): \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number of Applicant Employer (current or last) \_\_\_\_\_

**Spouse's Employment Status:** Full-Time Part-Time Unemployed Self-Employed

Spouse's occupation: \_\_\_\_\_

Name of Spouse's Employer (current or last): \_\_\_\_\_

Address of Spouse's Employer: \_\_\_\_\_

Phone Number of Spouse's Employer (current or last) \_\_\_\_\_

Social Security # Applicant: \_\_\_\_\_ SS# Spouse: \_\_\_\_\_

Applicant's Driver's License \_\_\_\_\_ Spouse's Driver's Lic # \_\_\_\_\_

## C. Dependant Information

**Child(ren):**

No.	Name	Sex	Age	Grade	Name of School (if applicable)
1					
2					
3					
4					
5					

**D. Income (\$/month)** (complete worksheet)

Your income: \$ \_\_\_\_\_ Spouse's income: \$ \_\_\_\_\_

**E. Value of Assets (\$)** (complete worksheet)

Home(s) : \$ \_\_\_\_\_ Car(s) : \$ \_\_\_\_\_ Other asset(s) : \$ \_\_\_\_\_

**F. Expenses (\$/month)** (complete worksheet) Total: \$ \_\_\_\_\_

**G. State or Federal Financial Assistance (not received as direct payment/credit)**

Free school lunches CHIP (medical/dental insurance) list recipients \_\_\_\_\_



## Zakat APPLICATION WORKSHEET

### Applicant's Income (\$/month)

Line	Sources of your income	Annual Amount received	Divide	Monthly amount
1	Employment	\$	/12 =	\$
2	Disability Benefits	\$	/12=	\$
3	Unemployment Benefits	\$	/12=	\$
4	Food Stamps & Welfare	\$	/12=	\$
5	Child Support	\$	/12=	\$
6	Alimony	\$	/12=	\$
7	Other sources	\$	/12=	\$
<b>Total (add lines 1-7)</b>				<b>Your Income</b> \$

### Spouse's Income per month

Line	Sources of your income	Annual Amount received	Divide	Monthly amount
1	Employment	\$	/12 =	\$
2	Disability Benefits	\$	/12=	\$
3	Unemployment Benefits	\$	/12=	\$
4	Food Stamps & Welfare	\$	/12=	\$
5	Child Support	\$	/12=	\$
6	Alimony	\$	/12=	\$
7	Other sources	\$	/12=	\$
<b>Total (add lines 1-7)</b>				<b>Your Income</b> \$

## Assets

Assets		Value	
Home(s)		\$	
Car(s)		\$	
Line	Other Assets	Value	Value
1	Investment 1	\$	Attach statement
2	Investment 2	\$	Attach statement
3	Bank account 1 balance	\$	Attach statement for last 3 months
4	Bank account 2 balance	\$	Attach statement for last 3 months
5	Bank account 3 balance	\$	Attach statement for last 3 months
6	Other _____	\$	Attach statement
<b>Total (add lines 1-6 ONLY)</b>		\$	
		= Your other asset(s)	

## Expenses (\$/month):

Line	Other Expenses (specify)	Monthly amount
1	Housing/Rent/Mortgage	\$
2	Food & Clothing	\$
3	Utilities	\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
<b>Total (add lines 1-9)</b>		\$
		= Your other expenses