



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

In the name of Allah, Most Gracious, Most Merciful

NORTH AMERICAN ISLAMIC TRUST, INC

CENTERS' LEADERSHIP & PROPERTY INFORMATION UPDATE FORM

NAME OF CENTER/ORGANIZATION: _____

EIN# _____ STATE OF INCORPORATION _____ 501 (C) 3: YES _____ NO _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ P.O. BOX (ADDITIONAL) _____

CENTER'S PHONE NUMBER: _____ DIRECTOR'S CELL NUMBER: _____

CENTER'S E-MAIL ADDRESS: _____ WEBSITE: _____

PRESIDENT/CHAIRMAN: _____

CONTACT INFORMATION _____

E-MAIL _____ CELL _____ OFFICE _____

TERM EXPIRES ON: _____

DATE

TREASURER/SECRETARY: _____

CONTACT INFORMATION _____

E-MAIL _____ CELL _____ OFFICE _____

TERM EXPIRES ON: _____

CONTACT PERSON FOR NAIT: NAME _____ TITLE: _____

DAY PHONE _____ CELL _____ FAX _____ E-MAIL _____

IMAM: _____ PHONE: _____ E-MAIL _____

ADDRESS: _____

STREET _____ CITY _____ STATE _____ ZIP _____

DATE OF COMPLETING THIS FORM: _____

PROPERTY INFORMATION

1. Cost of Property addition/expansion:

a) In the last 5 years: _____

b) In the last 10 years: _____

2. How many properties are in your organization's use? _____

3. Property Parcel Number(s), etc. _____

Please attach copy of your Warranty Deed(s) for record.

4. How often are you required to renew your County property tax exemption status?

(IMPORTANT: If not certain, please check with your County Assessor's Office and inform NAIT)

5. Are all the properties of your organization exempt from property tax? Yes ___ No ___

Please attach a copy of the Property Tax Exemption Determination letter.

6. Any property that is NOT entrusted to NAIT? _____

7. Are any of your funds in Interest-based banks? NO _____ YES _____

8. If "YES" to item 7: Would you like to be part of the Islamic Centers Cooperative Fund and avoid being touched with Riba? YES _____

PROPERTY INSURANCE

1. Are all the properties under your use insured? Yes _____ No _____

2. Is NAIT named as "Additional Insured": Yes _____ No _____

3. Name and address of insurance company: _____

- **Please attach copy of the policy for your property insurance for our records.**
- **If NAIT is not named "Additional Insured", please do so immediately for your Claims ease.**

SUGGESTIONS

Any services that NAIT can provide to your Center: _____