

ZAKAT and SADAQA APPLICATION

Muslim Society, Inc.

1785 Bloomingdale Road, Glendale Heights, IL 60139. Tel: (630) 653-7872 Fax: (630) 653-0902

Last Name :		First Name :	
Date of Birth :		Drivers License or State ID :	
Home Phone :		Cell Phone :	
Home Address :			
City:		State :	Zip :
Are you presently getting financial assistance from the State such as housing, disability, food stamps, etc.? If so please provide full details			
Marital Status : Single__ Married__ Divorced__ Widowed__		Name of spouse :	
Total number of members in your household :			
List names and ages of all members in household. Also list monthly income of members in your household who are employed.	1. .		
	2. .		
	3. .		
	4. .		
	5. .		
	6. .		
Your approximate total monthly expenses		Expenses you are able to meet from other sources	
Have you approached other mosques or Agencies for assistance? If yes give details		Have you previously applied for Zakat or Sadaqa at MSI? If yes, give date of application	

References : (Please provide at least 2 references from people in the community, i.e. regular masjid attendees)

1. Name :	2. Name :
Address :	Address :
Phone :	Phone :

I testify with Allah (SWT) as my witness that the information provided in this application is correct to the best of my knowledge and belief.

Name of person filing the application: -----

Signature: -----

Date:-----

- This information will be shared with other masjids in the Chicagoland area.
- Attach copy of Drivers License or State ID to this application.
- Attach copy of last 3 months of Bank Statement if requesting more than \$250.

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For Office Use Only.

Applications Reviewed By:	Application Approved By:
Name _____	Name _____
Comments _____	Comments _____
Recommended amount: \$ _____	Amount approved: \$ _____
Signature _____	Signature _____

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