

ZAKAT AND SADAQAH APPLICATION FORM

ISLAMIC FOUNDATION, 300 W. HIGHRIDGE ROAD, VILLA PARK, IL 60181

PHONE: 630-758-1111 FAX: 630 833-4970 EMAIL: ZAKAT@IFSVP.ORG

Please attach copy of a valid ID (Driver's License or State ID)

Date:

First Name:

Last Name:

Date of Birth:

Gender: M / F

Driving License/ID #

Current Residential Address:

Street _____ Apt # _____

City _____ State _____ ZIP _____

Email _____

Home Phone:

Cell Phone:

Marital status: Single / Married / Divorced / Widowed

(If married) Spouse Name:

PLEASE ANSWER ALL THAT APPLIES BELOW

1. Current employment status?

2. Name / Address / Phone # of employment?

3. Total monthly income of the household?
Please be sure to include all the benefits you are receiving from government like Food Stamps, Link Card, Housing, Disability, etc.

4. How many other organizations or Masajid are you and your family members getting help from?
Please be sure to mention the amount received and for how long?

Name of organization(s) or masjid(s)	Amount received	Since/Date of Receipt

5. Number of individuals in the household, with Ages (including yourself)

Number of Individuals	Ages

6. Who else is employed in your household?

Name	Job description	Income

7. Do you own/lease a car?

8. Do you own or rent a house?

9. What's the monthly rental or home payment?

10. How much amount do you need for help?

11. How long do you need the help?

12. Please provide two references in this community. (other than immediate family)

Name	Contact Phone #	Relationship

Recommended by _____ Phone number _____

I hereby attest that I understand the above statements and the information provided is correct to the best of my knowledge. I agree to abide by the conditions imposed by Islamic Foundation Zakat & Sadaqah Fund. I also agree to provide the statements and documentation in a timely manner, and also understand that Islamic Foundation reserves the right to terminate providing assistance without any further notice or justification.

- By signing the application, I understand that I am applying for help from Zakat and Sadaqah Fund, which shall be used only for the categories mentioned in Qur'an and Sunnah and I fully understand and shall abide by the decision of the committee.
- I understand that the approval of this application is dependent upon availability of the funds and this application meeting the approval criteria.
- I will utilize the help in the most responsible manner and hope not to continue this facility on a sustained basis.
- I promise that the funds shall not be used for any illegal means including any anti-government activities.
- I agree that the information provided can be shared with other Masajids and/or organizations

Signature: _____ Date: _____

Person who filled the form on behalf of Applicant

Name _____ Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Received:

Doc Number:

1. Name of Member

2. Name of Member

1. Signature

2. Signature

1. Date

2. Date

Amount: _____

Recurring (Yes/ No):

If Yes, # of Months:

Comments: