



Instructions for zakat application - - تعليمات تطالب الزكاة

Please submit the following information for your application to be processed ----- يرجى تقديم المعلومات التالية حتى تتم معالجة طلبك

1. Amount of financial help from government -- - - - - م قدر المساعدة المالية من
a. Monthly food stamps amount received - استلامها - - - - - ك مية طوابع الطعام الشهرية التي تم استلامها
Monthly amount received for housing - المبلغ الشهري الذي تم استلامه من أجل السكن - - - - -
c. Monthly amount received for Social Security- - - - -
المبلغ الشهري الذي يتم استلامه للضمان الاجتماعي - - - - -
2. Monthly Income of all members of family - - - - - الدخل الشهري لجميع أفراد الأسرة
3. Please submit copy of the following - - - - - الرجاء إرسال نسخة مما يلي
a. Driver's license or state ID of both husband and wife - - - - -
رخصة القيادة أو هوية الدولة للزوج والزوجة - - - - -
b. Copy of Vehicle Registration - - - - - صورة تسجيل المركبة -
c. Copy of Bank statement for last 2 month - أشهر 2 نسخة من كشف الحساب البنكي لآخر -

If you cannot submit the application and documents in person then send them to following email - - إذا لم تتمكن من تقديم الطلب والمستندات شخصيًا ، فأرسلها إلى البريد الإلكتروني التالي

zakat@muslimsocietyinc.org

Only one application per family- - - - - تطبيق واحد فقط لكل عائلة -



ZAKAT and SADAQA APPLICATION
Muslim Society, Inc.

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

| |
|----------------------|
| Received Date: _____ |
| Assigned to: _____ |
| Approved Date: _____ |
| Amount \$: _____ |

This form must be filled in English

| | | | |
|--|--|---|-------|
| Last Name | | First Name | |
| Marital Status: Single_ Married_ Divorced_ Widowed_ | | How long have you been in US | |
| Name of spouse | | | |
| Driver's License or State ID of both husband and wife | | Source of Income and monthly amount \$ | |
| Phone Number | | Date of Birth | |
| Home Address | | | |
| City : | | State : | Zip : |
| Names and ages of all members in the household. List monthly income of members in your household. | | 1. . 2. . 3. . 4. . 5. . | |
| Amount of financial help from government | | Food Stamps\$ Disability\$ Social Security \$ | |
| Total monthly expenses: | | Monthly rent amount: | |
| List names of other masjid and organizations and amount of financial help you received from them. | | 1. 2. 3. 4. 5. | |

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: _____