



ZAKAT AND SADAQA APPLICATION FORM

Masjid Ibrahim [MSI]

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For Office Use Only
 Date: _____
 Assigned to: _____
 Approved: \$ _____
 Check: # _____

First Name	Last Name	Phone Number	Date
Driver's License /State ID#	Home Street Address Apt # _____	City	State / Zip IL _____
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Spouse Name	Country of Birth	Status: American <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/>
Head of Household Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Dependents with Age 1. _____ Yrs. 2. _____ Yrs. 3. _____ Yrs. 4. _____ Yrs. 5. _____ Yrs.	Total Family Members _____	Help Requested \$ _____
Monthly Earnings \$ _____	Financial help from Government Social Security \$ _____ Disability \$ _____ Food Stamps \$ _____	Help from other Masaajid \$ _____ \$ _____ Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	Total Household Income \$ _____
Expenses Rent/Mortgage \$ _____ Car Payment \$ _____	Expenses Auto Maintenance \$ _____ Education \$ _____ Other Expenses \$ _____	Brief Description _____ _____ _____	Total Expenses \$ _____

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.

I understand that any help I get depends upon availability of funds and agree to abide by the decision of the Committee. Also, the help I get will be used for expenses in accordance with Qur'an and Sunnah.

I understand that the information provided here will be shared with other Masaajid/institutions.

Signature _____

Date _____