

PERSONAL  
**Downtown Islamic Center (DIC)**  
**Zakat and Sadaqa Application**  
231 South State Street, Chicago, IL 60604

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**NOTE**

**Must Provide Copy of Social Security Card and Valid Photo ID of Primary Applicant with each Application. For Dependants only a copy of Social Security Card(s) are necessary.  
ANY APPLICATION NOT FULFILLING THESE REQUIREMENTS WILL BE DECLINED.**

Applicant Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Cell: \_\_\_\_\_ Landline: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Claimed on Any Tax Return \_\_\_yes, \_\_\_no

Email: \_\_\_\_\_ Number of Dependent, If Any: \_\_\_\_\_

<u>Dependents</u>	<u>Social Security Number</u>	<u>Relation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide Reason & Detail Circumstance of Need Based Request (Attach additional pages as necessary)

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Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Signature

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**For Office Use Only:**      Approved: \_\_\_Yes \_\_\_No      Amount Approved: \_\_\_\_\_

From: \_\_\_Zakat or \_\_\_Sadaqa Fund ( \_\_\_One Time \_\_\_Repetitive)

If Repetitive: How Many Months/Amount per Month? \_\_\_\_\_Months / \$\_\_\_\_\_/Month

Approved By Chairman Zakat/Sadaqa or Designee: \_\_\_\_\_