PERSONAL

Downtown Islamic Center (DIC)
Zakat and Sadaqa Application

231 South State Street, Chicago, IL 60604

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: _____

Dependents	Social Security Number	Relation

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

_____

_____

_____

_____

_____

_____

_____

_____

Applicant: _____ Date: _____
Print/Signature

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: _____