

In the Name of Allah, the Most Beneficent, the Most Merciful



Islamic Society of Northwest Suburb

3950 Industrial Drive, Rolling Meadows, IL 60008

ZAKAT / SADAQAH APPLICATION FORM

Case # \_\_\_\_\_

Dated: \_\_\_\_\_

NOTICE OF CONFIDENTIALITY: This Financial Assistance Form includes highly Personal & Confidential Information intended only for restricted, internal use by authorized personnel of ISNS exclusively for evaluation of Zakat/Sadaqah request. Unauthorized use, copying, distribution or dissemination of this information is strictly prohibited.

INSTRUCTIONS: PLEASE PROVIDE ACCURATE AND DETAILED INFORMATION SO WE CAN EVALUATE ZAKAT / SADAQAH REQUESTS IN A TIMELY MANNER AND MAKE SURE YOU ATTEST AND SIGN THE BACK OF THE APPLICATION.

PART I- Please identify the Masjid for Islamic Center/Organization that you frequently visit or are associated with:

(Masjid's / Organization's Name) \_\_\_\_\_

Telephone: \_\_\_\_\_

(Area Code) (Number)

PART II (A) - Applicant's Personal Information:

Name: \_\_\_\_\_

(First)

(M.I.)

(Last)

SSN: \_\_\_\_\_

(Last Four Numbers Only)

Address: \_\_\_\_\_

(Number) (Street)

(Apt. #)

(City)

(State)

(Zip)

Marital

( ) Single

( ) Married

Status:

( ) Divorced

( ) Widowed

Contact#: \_\_\_\_\_

(Area Code) (Number)

Email: \_\_\_\_\_

PART II (B) - Applicant's Circumstances:

Number of dependents? \_\_\_\_\_

Total household monthly income? \$ \_\_\_\_\_

Dwelling? ( ) own ( ) rent ( ) other

Total monthly expenses? \$ \_\_\_\_\_

Do you own an automobile? ( ) yes ( ) no

Loans you owe? \$ \_\_\_\_\_

Are you currently employed? ( ) yes ( ) no

Due date (mm/dd/yyyy)? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total value of savings/stock/jewelry, etc.? \$ \_\_\_\_\_

Amount you are requesting? \$ \_\_\_\_\_

Needed For/Purpose: \_\_\_\_\_

Statement of special circumstances (if any): \_\_\_\_\_

(Please attach an 8.5"x11" sheet of paper for additional comments, if any, and give it a page number 1.)

Have you received Zakat before? ( ) yes ( ) no.

Date received: \_\_\_\_\_

If received from any organization, Please give name \_\_\_\_\_

Are you Muslim? ( ) yes ( ) no.

PLEASE SUBMIT THE FOLLOWING AND ANY OTHER RELEVANT DOCUMENTS WITH YOUR APPLICATION:

- 1- Current Picture ID: Driver's License / State ID.
- 2- Proof of income (2 most recent pay stubs), or disability check, or Social Security check, or proof of any and all other source of income, if any.
- 3- Copies of latest bank statements (last two months should suffice).
- 4- A letter from your landlord stating that applicant is behind his/her rent, copy of lease, etc. (If applicable).
- 5- Current Utility bills, if you need help to pay your utilities, etc. (If applicable)
- 6- Any other evidence that shows the hardship related to what you have mentioned in your application.
- 7- If the needed documents are not attached. The process cannot be started.
- 8- Completed applications with necessary attachments can be mailed to ISNS Office at 3950 Industrial Ave, Rolling Meadows IL. 60008. ATTN: Religious Committee.
- 9- Completed Applications can also be dropped off at ISNS office in the designated drop box.
- 10- We will call to inform about our decision regarding your request.

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I have read the requirements for attachment, and I understand that the application information provided on and with this form is true and accurate to the best of my knowledge and consent to its use in connection with this request for Zakat.

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\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Dated: mm/dd/yyyy

STATEMENT BY SOME ONE WHO IS SUBMITTING THE APPLICATION ON BEHALF OF THE APPLICANT.

I know this individual for (     ) month / year and I hereby attest that information provided is correct to the best of my knowledge. I have also read the requirements for attachments.

Name: \_\_\_\_\_

Signature. \_\_\_\_\_

Person submitting Application.

Person submitting application.

Phone No: \_\_\_\_\_

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

ISNS serves community within 15 miles radius. Applicants outside of our community are advised to contact their local masjids. If you need help with connecting to your local masjid, please let us know.

ISNS Zakat & Sadaqah Committee gives close consideration to each application and the decisions are made based on the evaluation and availability of funds. If you need any questions Please call us at 847-253-6400 and select option # 5.

(KEEP US IN YOUR PRAYERS)