

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: _____

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

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: _____