



**IFSWs- Islamic Foundation of Southwest Suburbs**  
**Comunity Services Committee; Zakat funds**

We care about our community members. Many people in our community are struggling with financial hardship and distress. We have zakat funds available, which have been donated by generous community members. If you are in a state of financial difficulty and believe that you are zakat-eligible, please complete the form below. We will be sure to get back to you within one week with a response about how we can help you. We pray that Allah makes things easier for you.

**Zakat Application Form**

**INSTRUCTIONS:**

- Please provide accurate and detailed information so as to enable a timely and effective application evaluation.
- Note that an incomplete form will **not** be considered for evaluation.
- Provide **clear** copies of:
  - Photo ID: For the applicant, spouse and all dependants; Driver’s License, State Issued ID or Passport.
  - Social Security Card (for all those that provided photo ID as identification)
  - Lease agreement; (If renting).
  - Proof of income.
  - Previous year’s tax filing
  - Other documentation that might help in the evaluation; such as medical reports, receipts, billing statements, etc.
- Note that all provided documentation is considered the Zakat committee property, and will not be returned to the applicant.
- The committee will examine all provided information and will contact the references.
- Simply applying for Zakah does **not** mean an automatic approval of the application.
- Normal application process time is typically two (2) weeks from the receipt of the application, and may be longer. The Zakat Committee will be contacting all applicants.

Date: \_\_\_\_\_  
Month                          Day                          Year

**A. Personal Information**

Applicant’s Name: \_\_\_\_\_  
Last    First    Middle

Spouse’s Name: \_\_\_\_\_  
Last    First    Middle

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

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Cell \_\_\_\_\_

Spouse’s Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Masjid or Islamic Center/Organization you frequent: \_\_\_\_\_

Place of Residence:    Own Home    Rent Home/Apartment    Room Rental (in house)    Shelter  
Subsidized (low income) Housing    other: \_\_\_\_\_

Landlord’s name: \_\_\_\_\_ Phone Number \_\_\_\_\_

If renting, does anyone share the rent with you? Yes No; If yes How much do they pay? \$ \_\_\_\_\_

## B. Employment History

**Applicant's Employment Status:** Full-Time Part-Time Unemployed Self-Employed

Applicant's occupation: \_\_\_\_\_

Name of Applicant's Employer (current or last): \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number of Applicant Employer (current or last) \_\_\_\_\_

**Spouse's Employment Status:** Full-Time Part-Time Unemployed Self-Employed

Spouse's occupation: \_\_\_\_\_

Name of Spouse's Employer (current or last): \_\_\_\_\_

Address of Spouse's Employer: \_\_\_\_\_

Phone Number of Spouse's Employer (current or last) \_\_\_\_\_

Social Security # Applicant: \_\_\_\_\_ SS# Spouse: \_\_\_\_\_

Applicant's Driver's License \_\_\_\_\_ Spouse's Driver's Lic # \_\_\_\_\_

## C. Dependant Information

**Child(ren):**

No.	Name	Sex	Age	Grade	Name of School (if applicable)
1					
2					
3					
4					
5					

**D. Income (\$/month)** (complete worksheet)

Your income: \$ \_\_\_\_\_ Spouse's income: \$ \_\_\_\_\_

**E. Value of Assets (\$)** (complete worksheet)

Home(s) : \$ \_\_\_\_\_ Car(s) : \$ \_\_\_\_\_ Other asset(s) : \$ \_\_\_\_\_

**F. Expenses (\$/month)** (complete worksheet) Total: \$ \_\_\_\_\_

**G. State or Federal Financial Assistance (not received as direct payment/credit)**

Free school lunches CHIP (medical/dental insurance) list recipients \_\_\_\_\_

**H. Assistance from Zakat** (if funds available, and approved by the committee)

Have you applied for Zakat/Sadaqa before? Yes No; if yes When/Results?

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How much are you requesting \$\_\_\_\_\_

Why you are applying for Zakah/Sadaqah? (Use extra sheet if necessary)

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**I. Reference:**

**Notice:** Please note that references should not be immediate relatives or people who live with you, nor Zakah recipients. Please list at least 2 names of anyone with whom you are familiar and who can confirm or verify the information you provided. References in your Muslim community or at FIE are preferred.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**J. Statement:**

*I testify in front of Allah (swt) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for Zakah/Sadaqah. I authorize the Foundation for Islamic Education, ISNA and/or its Affiliate bodies or its designated committee to obtain such factual & investigative information as permitted by the law to verify information in this application.*

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Applicant's Signature

Date

Spouse's Signature

Date

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*Official Use Only*

**K. Recommendation By Committee:**

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## Zakat APPLICATION WORKSHEET

### Applicant's Income (\$/month)

Line	Sources of your income	Annual Amount received	Divide	Monthly amount
1	Employment	\$	/12 =	\$
2	Disability Benefits	\$	/12=	\$
3	Unemployment Benefits	\$	/12=	\$
4	Food Stamps & Welfare	\$	/12=	\$
5	Child Support	\$	/12=	\$
6	Alimony	\$	/12=	\$
7	Other sources	\$	/12=	\$
<b>Total (add lines 1-7)</b>				<b>Your Income</b> \$

### Spouse's Income per month

Line	Sources of your income	Annual Amount received	Divide	Monthly amount
1	Employment	\$	/12 =	\$
2	Disability Benefits	\$	/12=	\$
3	Unemployment Benefits	\$	/12=	\$
4	Food Stamps & Welfare	\$	/12=	\$
5	Child Support	\$	/12=	\$
6	Alimony	\$	/12=	\$
7	Other sources	\$	/12=	\$
<b>Total (add lines 1-7)</b>				<b>Your Income</b> \$

## Assets

Assets		Value	
Home(s)		\$	
Car(s)		\$	
Line	Other Assets	Value	Value
1	Investment 1	\$	Attach statement
2	Investment 2	\$	Attach statement
3	Bank account 1 balance	\$	Attach statement for last 3 months
4	Bank account 2 balance	\$	Attach statement for last 3 months
5	Bank account 3 balance	\$	Attach statement for last 3 months
6	Other _____	\$	Attach statement
<b>Total (add lines 1-6 ONLY)</b>		\$	
		= Your other asset(s)	

## Expenses (\$/month):

Line	Other Expenses (specify)	Monthly amount
1	Housing/Rent/Mortgage	\$
2	Food & Clothing	\$
3	Utilities	\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
<b>Total (add lines 1-9)</b>		\$
		= Your other expenses