

Sadqat-ul-Fitr Application

1. If you are in need of financial assistance, please complete this form and mail it to ICBN or leave in the donation box. ICBN will contact you within four weeks.

Applicant Information

Applicants Name:	_____	_____	_____
	Last	MI	First
Address:	_____		
City:	_____	State:	_____ Zip: _____
Phone Number: ()	_____		
{ } Married	{ } Divorced	Number of Children (ages): _____	
{ } Single	{ } Widowed		

Employment

Employer:	_____		
Address:	_____	City:	_____ State: _____ Zip: _____
Position:	_____	Employer Phone Number: ()	_____

References

Name:	_____		
Relationship to Applicant:	_____	Phone Number: ()	_____
Name:	_____		
Relationship to Applicant:	_____	Phone Number: ()	_____

Reason for Zakat Request

Approximately how much is requested: \$ _____
Use back of page if more space is needed:

Financial Information

Please answer the following questions:

1. What is your monthly household income.....	\$ _____
2. What is your total monthly household expense (rent, car payment, food, utilities, etc.).....	\$ _____
3. What is your total outstanding debt (please provide description: car, home, personal).....	\$ _____
4. What is your current cash balance.....	\$ _____

For Office Use Only

Reviewed By: _____ Date: / /

Approved { } Denied{ } Reason for denial : _____

President: _____ Date: / /

I&E Member: _____ Date: / /