



In the name of Allah, Most Gracious, Most Merciful

Islamic Center of Peoria

Application for Financial Assistance from Zakat Fund

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date: / / 20
Full Address:			City:	
State:	Zip Code:	Telephone #:		
SS#:		Drivers License #:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		Spouse's Name:		
# of Children <u>under</u> 18 in the family:		# of Children <u>over</u> 18 in the family:		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why?		
If yes, name & address of company:				
Other sources of income:				
Why do you need financial assistance?				
What are your immediate needs?				
How much money do you need?				
How do you plan to solve your financial problems?				
Are you looking for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why?		

References:

Name	Address	Telephone #

Who is your closest relative who is not living with you? Name: _____ Telephone #: _____
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I hereby authorize the Islamic Center of Peoria and its officials/representatives the right to verify the information on this application and contact the references I have mentioned above.

Signature of applicant: _____ Date: _____

For official use only			
<input type="checkbox"/> Application denied Reason: _____			
<input type="checkbox"/> Application accepted	Amount Approved:		Date Issued:
	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	
Name of Approved by: _____			