

CIMIC Ibadat Committee

106 S Linclon Av., Urbana Il 61801

www.cimic.org cimicibc@gmail

APPLICATION FOR FINANCIAL ASSISTANCE

Recommended By:

I recommend to CIMIC for financially helping the following person. To the best of my knowledge he/she is looking for help and he/she is NOT eligible to receive Zakat. If needed I will be happy to discuss with CIMIC Ibadt Committee about my Knowledge of this Person.

Your Name (Please Print)

Signature

Date

Phone: _____

E-Mail Address _____

Amount Recommending: \$ _____

Specific Needs (Such as bill payment, rent, supplements, etc.), if known: _____

Recommended For:

Name (Please Print): _____

Mailing Address: _____

Phone Number: _____ Email Address (if available): _____

Some Financial Detail of the Person: _____

How long have you known the person? _____

Self-Applicant:

I am in finical hardship and requesting CIMIC to help me. I am willing/NOT willing to take Zakat and, if needed, will be available to discuss with the Ibadat Committee my financial situation. The following CIMIC-community member knows my situation. The Ibadat Committee may discuss with him/her.

Amount Recommending: \$ _____

Specific Needs (Such as bill payment, rent, supplements, etc.): _____

Your Name (Please Print)

Signature

Date

Mailing Address: _____

Phone: _____

E-Mail Address: _____

Reference from Community:

Name (Please Print): _____

Mailing Address: _____

Phone Number: _____ Email Address (if available): _____

How long have you known the person? _____

FOR IBADAT COMMITTEE USE ONLY

Approved Zakat / Sadqa Date _____

Amount: \$ _____ Check #: _____

Date of check: _____

Comment: _____

Coordinator's Signature: _____

FOR IBADAT COMMITTEE USE ONLY

Denied: _____ ate: _____

Reason: _____