



المركز الإسلامي في سان دييغو  
ISLAMIC CENTER OF SAN DIEGO

APPLICATION FOR LOAN

Name : \_\_\_\_\_

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

City : \_\_\_\_\_ State / Zip code : \_\_\_\_\_

Tel # : \_\_\_\_\_

Job : \_\_\_\_\_ Income per month : \_\_\_\_\_

Married ? \_\_\_\_\_ # of dependants : \_\_\_\_\_

Rent : \_\_\_\_\_ \$ Requested : \_\_\_\_\_

Identification : \_\_\_\_\_

References : (Name) \_\_\_\_\_ (Tel. #) \_\_\_\_\_

: (Name) \_\_\_\_\_ (Tel. #) \_\_\_\_\_

Comments : \_\_\_\_\_

Use the back of the page for more explanation.

I \_\_\_\_\_ agree to repay the amount of \$ \_\_\_\_\_ in monthly installments of \$ \_\_\_\_\_ to ICSD, starting \_\_\_\_\_.

Signature (applicant) : \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note : This application does not promise granting any loan. Case is to be studied by the Islamic Affairs Department for approval.**

Please do not write below, for official use only.

Date received : \_\_\_\_\_ Date reviewed : \_\_\_\_\_

Decision : \_\_\_\_\_ Signature : \_\_\_\_\_

Amnt Granted : \_\_\_\_\_ Date : \_\_\_\_\_