

ISLAMIC CENTRE OF TORONTO – JAMI MOSQUE

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APPLICATION FOR ZAKAT ASSISTANCE

Date: _____
Month Day year

Note: Answer all questions. Do not leave anything blank. If not applicable, write N/A. Incomplete applications will not be considered.

A. Personal Information

Applicant's Name: _____
Last First Middle

Spouse's Name: _____
Last First Middle

Address: _____
 City _____ Postal Code _____

Telephone: (home) _____ Spouse's Telephone: _____

(work) _____ Cell Phone _____

Occupation(current or last) _____ Spouse's occupation: _____

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

Address of Employer: _____

Phone Number of Applicant Employer (current or last) _____

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

Address of Spouse's Employer: _____

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

No. of Applicant's Dependants: _____

SIN (social insurance no.) Applicant: _____ SIN Spouse: _____

Child(ren):

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

B. Income (\$/month) (complete worksheet on reverse)

Your income: \$ _____.

Spouse's income: \$ _____.

C. Value of Assets (\$) (complete worksheet on reverse)

Home(s) : \$ _____ Car(s) : \$ _____

Other asset(s) : \$ _____

D. Expenditures (\$/month) (complete worksheet on reverse)

Accommodation: \$ _____.

Food & Clothing: \$ _____.

Others expenses: \$ _____.

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

How much are you requesting \$ _____

F. Authorization

I authorize the Islamic Centre of Toronto –Jami Mosque, ISNA Canada 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.

Applicant's Signature

Date

Spouse's Signature

Date

G. Recommendation By Committee:

NOTE: Please attach documentation/receipts for income & expenditures including T-4 (income tax) for last year to support your claim. Provide documentation for all amounts listed on the reverse worksheet (food, gas, clothing excepted). Provide a copy of lease or rent.

Zakat APPLICATION WORKSHEET

The worksheet below will help you fill out the bursary application the reverse.

Remember to attach documentation for each of the amounts on the worksheet (food, gas, clothing excepted).

B. Applicant's Income (\$/month)

Line	Sources of your income	Amount received	Divide	Monthly amount
1	Employment	\$ yearly	/ 12 =	\$
2	Child Tax Credit	\$ yearly	/ 12 =	\$
3	GST Rebate	\$ quarterly	/ 3 =	\$
4	Social assistance	\$ yearly	/ 12 =	\$
5	Disability benefits	\$ yearly	/ 12 =	\$
6	Child support	\$ yearly	/ 12 =	\$
7	Total of other sources of income (specify)	\$ yearly	/ 12 =	\$

Total (add lines 1-7)

\$ = Your income

Specify other sources of your income: _____

Spouse's Income per month

Line	Sources of your spouse's income	Yearly amount	Divide	Monthly amount
1	Employment	\$ yearly	/ 12 =	\$
2	Child Tax Credit	\$ yearly	/ 12 =	\$
3	GST Rebate	\$ quarterly	/ 3 =	\$
4	Social assistance	\$ yearly	/ 12 =	\$
5	Disability benefits	\$ yearly	/ 12 =	\$
6	Child support	\$ yearly	/ 12 =	\$
7	Total of other sources of income (specify)	\$ yearly	/ 12 =	\$
Total (add lines 1-7)				\$ _____ = Your spouse's income
Specify other sources of your spouse's income: _____				

C. Assets

D. Expenditures (\$/month)

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
Total (add lines 1-6 ONLY)		\$ _____ =Your other asset(s)	

1. Landlord's name: _____
2. Landlord's Phone Number _____
3. Are you getting spousal support? yes---- , No ----
If you your not getting spousal support, attach Court Order if applicable
4. Attach bank statement for the last three months.
5. Are you getting Welfare or WSIB? If yes, attach proof.
If No, then attach a letter from Welfare or WSIB etc to explain why you were denied these benefits.
6. Attach a copy of lease / rental agreement and any letter from your landlord if applicable.

Expenses		Monthly amount
Accommodation		\$
Food & Clothing		\$
Line	Other Expenses (specify)	Monthly amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
Total (add lines <u>1-6 ONLY</u>)		\$ =Your other expenses