

## ISLAMIC FOUNDATION OF TORONTO

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## **□ ZAKAH □ SADAQAH APPLICATION**

INSTRUCTIONS!			
Please provide <b>accurate and detailed</b> information so as to enable a timely and effective application evaluation.			
<ul> <li>✓ All questions on the application must be answered to determine eligibility.</li> <li>✓ Identification is required for processing this application.</li> </ul>			
Payments are made by <b>cheque only</b> .			
Address & Personal Information Please fill in CAPITAL LETTERS			
Last name			
As per photo I.D  As per photo I.D			
Gender  Male Female Date of birth Age SIN # SIN #			
City Province Postal code			
E-mail			
Phone# Cell# Cell#			
Status in Canada			
Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widow			
Name of spouse			
Number of children(s) Age(s) Label L			
Masjid or Islamic center/organization you frequent or are associated with			
Do you speak English?   Yes No; If no what is your primary language?			
For interpretation purposes only			
Applicant's Circumstances         Please fill in CAPITAL LETTERS			
Have you received Zakah/Sadaqah before			
Place of residence   Own home   Rental apartment/house   Room rental (in house)			
$\square$ Subsidized (low income) housing $\square$ Other ${please\ specify}$			
Method of transportation ☐ Own automobile ☐ Public transportation			
<b>Employment status</b> ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Self-Employed ☐ Looking			
Education ☐ University ☐ College ☐ Some college/university ☐ High school ☐ Other			

Estimate how much you need? \$					
Why are you applying for Zakah/Sadaqah? (Use extra sheet if necessary)					
Please check and fill any of the fo	ollowing income/aid you are rec		Please fill in CAPITAL LETTERS		
Type of Income/Aid	<u>Amount</u>	Type of Income/Aid	<u>Amount</u>		
Income from job/work	\$	Unemployment insurance (E.I)	\$		
Welfare	\$	Zakah/Sadaqah from Islamic Foundation	\$		
Child support income	\$	Zakah/Sadaqah from other masjid/organization	on \$		
	STATEMENT				
I TESTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT THE INFORMATION PROVIDED IN THIS APPLICATION WILL BE UTILIZED IN CONNECTION WITH THIS REQUEST FOR ZAKAH/SADAQAH. ACCORDING TO MY FINANCIAL SITUATION, I AM ELIGIBLE TO RECEIVE ZAKAH/SADAQAH.					
Signature		Data sisuand			
Applicant		Date signed			
	F				
	1 , ,	yy/mm/dd	Date		
Applicant	1 , ,	yy/mm/dd	Date yy/mm/dd		
Applicant  I I Application received a	1 , ,	yy/mm/dd			
Applicant  Application received a  Comments	1 , ,	yy/mm/dd			
Applicant  I I Application received a	1 , ,	yy/mm/dd			
Applicant  Application received a  Comments	1 , ,	yy/mm/dd			
Applicant  Application received a  Comments	1 , ,	yy/mm/dd	yy/mm/dd		
Applicant  Application received a  Comments  Recommendations	1 , ,	OR OFFICE USE ONLY	Date Date		
Applicant  Application received a  Comments  Recommendations  Approved by	nd checked by	OR OFFICE USE ONLY  Signature	Date		

Please submit your completed form to Islamic Foundation of Toronto Room - 104