



Estimate how much you need? \$

Why are you applying for Zakah/Sadaqah? (Use extra sheet if necessary)

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**Present Income**

Please fill in CAPITAL LETTERS

Please check and fill any of the following income/aid you are receiving at present.

Type of Income/Aid	Amount	Type of Income/Aid	Amount
Income from job/work	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Unemployment insurance (E.I)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Welfare	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Zakah/Sadaqah from Islamic Foundation	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child support income	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Zakah/Sadaqah from other masjid/organization	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**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 \_\_\_\_\_ Date signed \_\_\_\_\_  
*Applicant* *yy/mm/dd*

**FOR OFFICE USE ONLY**

Application received and checked by  Date *yy/mm/dd*

Comments \_\_\_\_\_

Recommendations \_\_\_\_\_

Approved by  Signature \_\_\_\_\_ Date *yy/mm/dd*

Approved by  Signature \_\_\_\_\_ Date *yy/mm/dd*

Paid \$       Check  Cash  Gift card Reference No.

Received \$       Cash  Gift card Signature \_\_\_\_\_

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