

**Canada Zakat (Project of DawaNet)**  
2-2570 Haines Road, Mississauga ON, L4Y 4A3  
[www.CanadaZakat.org](http://www.CanadaZakat.org)  
**APPLICATION FOR ZAKAT ASSISTANCE**

For Office Use Only: Intake Reference #

**INSTRUCTIONS TO THE APPLICANT:**

1. Please complete this form fully and provide all information requested
2. Please provide copy of a valid and current government issued photo ID
3. Copies of all documents supporting your need must be attached to expedite decision
4. Please write clearly, or alternatively type your information
5. You may use the reverse side of this form if additional space is needed
6. Your application will be cross-checked with the references you provide before it is accepted
7. Submitting the application does not guarantee approval of the assistance in part or whole
8. All information on this form will be treated confidentially
9. Please allow us up to 6 weeks to assess and process your application
10. Upon completion of your application assessment, Canada Zakat distribution team will communicate with you in writing (preferably via email or mail)
11. Zakat distribution will be prioritized based on the urgency of need identified; non-urgent or long-term assistance will not be considered by the distribution team

**WAIVERS:**

1. I understand that the personal information collected through this application will be used only for the purposes of assessing my current financial position as described by me herein. The collection of this information is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and the privacy protection provisions of that Act will protect it.  
Agree\_\_\_\_\_ Disagree\_\_\_\_\_
  
2. I give Canada Zakat, a project of DawaNet, permission to verify and substantiate my financial status using the references provided by me in this application.  
Agree\_\_\_\_\_ Disagree\_\_\_\_\_

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**SECTION 1: PERSONAL INFORMATION**

Applicant's Full Name: \_\_\_\_\_

Spouse's Full Name (if applicable): \_\_\_\_\_

SIN (Social Insurance #) Applicant: \_\_\_\_\_ SIN Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Prov. \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ Spouse's Telephone: \_\_\_\_\_

Occupation (current or last) \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Applicant Employer's Name (current or last): \_\_\_\_\_ Telephone: \_\_\_\_\_

Spouse's Employer's Name (current or last): \_\_\_\_\_ Telephone: \_\_\_\_\_

#	Name of child(ren)	Age	Sex	School (if Applicable)

**SECTION 2: CATEGORY OF ZAKAT & ESTIMATE OF NEED**

Please check off (all if they apply) which category of Zakat you are applying for:

Category	
Poor (persistent poverty)	
Needy (temporary financial constraints)	
New Revert to Islam	
Debts (non-Riba Debts only)	
Wayfarer (Traveler in financial difficulty)	
<b>ZAKAT REQUESTED</b>	

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**SECTION 3: FINANCIAL INFORMATION**

**A: Have you previously applied for Zakat with Canada Zakat (project of DawaNet)?**

No: \_\_\_\_\_

Yes \_\_\_\_\_ . If Yes, amount received: \_\_\_\_\_ Date received: \_\_\_\_\_

**B: Please detail your combined sources of MONTHLY income below (including all members of family). Please provide proof in all cases (e.g.: Employer cheque stub, Ontario Works payment, etc.).**

#	Source of Income	Monthly Amount (most recent)
1.	Employment Income	
2.	Child Tax Credits	
3.	Universal Child Benefit	
4.	Federal and Provincial Social Assistance	
5.	Disability Benefits	
6.	Child and/or Spousal Support	
7.	Zakat Income from other mosques	
8.	Travelling Income (if Traveler)	
9.	Other:	

**A TOTAL:** \_\_\_\_\_

**B: Please detail your MONTHLY expenses and debt obligations below:**

#	Expense	Monthly Amount (most recent)
1.	Rent	
2.	Utilities	
3.	Food	
4.	Personal Bills (e.g.: Cell phone, etc.,)	
5.	Non-Riba Debt (credit card/mortgage debt does not apply).	
6.	Travelling expenses (if Traveler)	
7.	Other:	

**B: TOTAL:** \_\_\_\_\_

**C: Please list and detail the value of assets you fully own:**

#	Assets	Value
1.	House	
2.	Car(s), boat(s)	
3.	Jewelry	
4.	Other:	

**C: TOTAL:** \_\_\_\_\_

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**SECTION 3 (Continued): FINANCIAL INFORMATION**

**D: Financial Position**

Total Monthly Difference (Total A - Total B) = \_\_\_\_\_

Total Asset Value (Total C) = \_\_\_\_\_

**Please explain in detail why you need the Zakat assistance:**


**SECTION 4: REFERENCES**

Please provide names and contacts of 3 individuals in the community, not your family members, who can verify your personal and financial situation.

#	Name	Phone	Address
1.			
2.			
3.			

\*\*\*\*\* Thank-you for completing this application \*\*\*\*\*

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FOR OFFICE USE ONLY:

**A. Canada Zakat Distribution Team Decision: APPROVED**

Zakat Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date of Expected Distribution: \_\_\_\_\_

**B. Canada Zakat Distribution Team Decision: NOT APPROVED**

Please document below clearly reasons why the applicant's request was not approved:

**C. Authorization of Canada Zakat Distribution Team Decision**

Officer 1:

Officer 2:

Name & position: \_\_\_\_\_

Name & position: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_