



# APPLICATION FOR ASSISTANCE FROM ZAKAAT FUND

Name ..... SIN.....

Address..... Phone .....

City.....Postal Code ..... Email.....

Date of Birth ..... Country of Birth..... Sex: ....Male .... Female

Marital Status: .....Married..... Never Married ..... Widowed..... Separated ..... Divorced

Name of Spouse (if applicable) .....SIN.....

Address (if difference from above) .....

### Name of Dependents, Relationship and Age

Name .....Relationship.....Age.....

Name .....Relationship.....Age.....

Name .....Relationship.....Age.....

Name of the Employer/or Last Employer .....

Date of Last Employment..... Reason of Leaving Employment.....

Do you or your family receive any Grant Assistance? YES NO If YES, amount \$.....

If NO, then BCMA may contact the Social Assistance Service Department on your behalf. To support your claim we may furnish the information provided to Canada Revenue Agency by filing T5007.

Do you receive any child benefits? YES NO If YES, amount \$.....

If NO, why.....

I declare that the information I have provided in this application is truthful, complete and correct and knowing that it is of the same force and effect as if made under oath:

Signature: ..... Date: .....

For Official Use Only - The BC Muslim Association				
Application Received By:		Date:		
Reviewed By:	Date:	Approved	Denied	Interview Required
Amount Approved: \$	Cheque Number:	Date:		