

# ISLAMIC CENTRE OF TORONTO – JAMI MOSQUE

56 Boustead Ave, Toronto, ON, M6R 1Y9, Tel: 416-769-1192, Fax: 416-769-1193

## 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) : \$ \_\_\_\_\_.



**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 =	\$
<b>Total (add lines 1-7)</b>				\$ income = Your spouse's
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
<b>Total (add lines 1-6 ONLY)</b>		\$ =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		\$
<b>Total (add lines <u>1-6 ONLY</u>)</b>		<b>\$ =Your other expenses</b>