



Islamic Society of Cumberland

www.masjidbilal.org 4509 Innes Road, Orleans, Ontario K4A 3J7 (613)841-0786

ISC (MASJID BILAL) ZAKAT APPLICATION FORM

Main Applicant Full Name

First Name:

Last Name:

Marital Status

Single Married Divorced

Spouse Full Name

Children Names and Ages

First Name:

1.

Age:

Last Name:

2.

Age:

3.

Age:

Address

Home Address:

Postal Code:

Contact Numbers

Home Number:

Cell Number:

Status in Canada

Citizen Refugee Landed Immigrant Other

Social Insurance Number

Reason for Monetary Assistance

SIN (Main Applicant):

SIN (Spouse):

Are you receiving assistance from other sources? If YES, please provide details

Source of Income

Employer Details

Monthly Gross Income

Name:

Phone #:

Amount Requested

Expense Details

Amount \$:

Rent / Mortgage

\$:

Amount Approved

(to be filled by the admin)

Utilities

\$:

Food

\$:

Amount \$:

Other Expenses

\$:

I hereby declare that the information submitted above is true. I understand that the Islamic Society of Cumberland (Masjid Bilal) may verify the above information.

Applicant Signature

Date (dd/mm/yyyy)

FOR OFFICE USE ONLY

Application Received on:

Checked and Approved by:

Comments & Recommendations:

COPY OF DOCUMENTS TO ATTACH WITH THE ZAKAT APPLICATION:

1. Previous year's Notice of Assessment
2. One Photo ID (Driver's License / Citizenship Card / Passport)
3. Current Bank Statement
4. If more than \$800 is required, then a copy of the credit card report is required
5. Proof of the documents based on your request (tuition statement, medical bills, rent document, rehab bill)
6. If you are on Social Assistance, attach a copy of assistance doc.