



## ISLAMIC SOCIETY OF MARKHAM

2900 DENISON STREET, MARKHAM, ONTARIO, L3S 4J8 CANADA  
TEL: 905-294-7866 FAX: 905-472-8702  
WEB: www.markhammasjid.ca EMAIL: info@markhammasjid.ca

### ISM 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

\$:

We/I hereby declare that the information submitted above is true. We/I realize that Islamic Society of Markham 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.