



In the Name of Allah, the Beneficent, the Merciful  
 الاتحاد الإسلامي في أمريكا الشمالية - كندا

**The Islamic Society of North America – ISNA® Canada**

**APPLICATION FOR EMERGENCY ZAKAT ASSISTANCE**

**A. Personal Information (provide official identification with name and address)**

Applicant's Name: \_\_\_\_\_  
Last First Middle

Spouse's Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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: \_\_\_\_\_

No. of Applicant's Dependents: \_\_\_\_\_

SIN (social insurance no.) Applicant: \_\_\_\_\_ SIN Spouse: \_\_\_\_\_

**Child(ren):**

No.	Name	Sex	Age	Grade	Name of School (if applicable)
1					
2					
3					
4					

**B.** Have you previously applied for zakat assistance:  Yes, amount (\$) \_\_\_\_\_  No

**C. Combined Household Income (\$/month) (Provide proof of income such as bank and Ontario works statement.)**

Line	Sources of your income	Amount received
1	Employment	\$
2	Child Tax Credit	\$
3	Social assistance	\$
4	Disability benefits	\$
5	Child support	\$
6	Zakat income from other mosques	\$
Total		\$

Specify name(s) of other mosques that provided you zakat: \_\_\_\_\_

**D. Combined Value of Household Assets (\$)**

Home(s) : \$ \_\_\_\_\_ Car(s) : \$ \_\_\_\_\_ Other asset(s) : \$ \_\_\_\_\_

**E. Expenditures (\$/month)**

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>

**F. Estimated amount (\$)** of assistance needed: \_\_\_\_\_ (if approved by ISNA Canada.)

**G. Authorization** (note: incomplete applications will not be considered)

I authorize the ISNA Canada and/or its Affiliate bodies or its designated committee to verify information in this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**H. Comments (Approved / Not Approved):**

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**NOTE:** Your application will be cross checked with the references you have provided before it is accepted. Submitting the application does not guarantee approval of the assistance in part or whole. All information on this form will be treated as private.