



Application for Zakaat

Important: It is mandatory to complete all relevant fields in this form. Please PRINT clearly.

First Name: _____ Middle Name: _____ Last Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____

Note: A residential address is required. Do not use a P. O. Box.

Home Phone #: _____ Cell #: _____
Email: _____
Date of Birth: _____ Country of Birth: _____
Sex: Male _____ Female _____ Social Insurance Number (SIN): _____

The applicants SIN is a requirement of Canada Revenue Agency (CRA). If the applicant does not have a SIN, then they must provide document(s) confirming their residential status in Canada. Applicants residing outside of Canada do not qualify for BCMA social assistance.

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

Name of Spouse (If applicable): _____ Number of Dependents: _____

Name of Dependents, Relationship and Age:

Name:		Relationship:		Age:	
Name:		Relationship:		Age:	
Name:		Relationship:		Age:	

Additional Information **(Use this section to provide any additional information regarding your dependants)**

Name of Employer or Previous Employer: _____

Address & Phone Number: _____

Date of Last Employment: _____

Reason for Leaving: _____

Do You Receive Employment Insurance (EI) Benefits? Yes No If Yes, state the amount: \$ _____

Do You or Your Family Receive Any Social Assistance? Yes No If Yes, state the amount: \$ _____

Note: If NO, then BCMA may contact the Social Assistance Service Department on your behalf.

Do You Receive Any Child Tax Benefits? Yes No If Yes, state the amount: \$ _____

Do You Receive Any Other Type of Income? Yes No If Yes, state the amount: \$ _____

Please Turn Over

Do You Own or Rent? Rent State the amount: \$ _____
 Own State the amount: \$ _____

Important: The applicant must provide the following support documents with this application:

- **Rent receipt or mortgage statement**
- **EI stub – if applicable**
- **BC Social Service stub – if applicable**
- **Most recent income tax assessment**
- **Bills**
- **Any other documents relevant to this application**


State the Reason for the Application

Additional Information  **(Use this section to provide any additional information that you want BCMA to consider regarding your application)**

Declaration: 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 effect as if made under oath.

Applicants Signature: _____ Date: _____

All information provided in this form is protected under the Freedom of Information and Privacy Act. In compliance with CRA requirements, BCMA may complete a Statement of Benefits - T5007 for the assistance provided.

For Official Use Only – The BC Muslim Association					
Applicant Received By:		Date:			
Identification Sighted:					
 You must sight a government issued identification to confirm the identity of the applicant when accepting the application and when providing the cheque.					
Support Documents Provided:					
Reviewed By:		Approved:		Denied:	
Interviewer Comments:					
Cheque # and Approved Amount:				Date Picked Up:	