



Zakat Application - Requirement Criteria

Social Insurance Number

Personal Information

First Name:	Middle Name:	Last Name:
Address		
Street Number	Street 1	Street 2
City	Province	Postal Code
Date of Birth (<i>mm/dd/yyyy</i>)		Phone Number(s)

Dependent Information

Number of Dependents:					
#	First Name	Middle Name	Last Name	DOB (<i>dd/mm/yyyy</i>)	Student
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Information

Current Income (Monthly)	Other Household / Family Income (Monthly)
Child Support (Monthly)	Child Benefit - Ontario & Federal (Monthly)

Welfare including Ontario Works (Monthly)	Trillium Drug Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much approximately? _____
Tax Returns (Past 2 Years) Line 150 for the year of 2017 _____ Line 150 for the year of 2018 _____	

Expenses (Monthly)

Rent	Food/ Groceries
Childcare	Transportation Costs
Insurance	Medical Expenses
Others: _____ _____ _____	

Terms & Conditions

- I certify that the information I have provided is accurate to the best of my knowledge.
- I acknowledge that submitting falsified information will result in my application being declined and legal action may be taken.
- I acknowledge that Masjid Darul Iman (MDI) reserves the right to verify any information contained in the application as deemed necessary.

 PRINT FULL NAME

 SIGNATURE