

# MIZAN ZAKAT APPLICATION FORM Temporary Assistance

**NOTES:**

- This application **must be completed** legibly in blue or black ink.
- All questions **must be answered** to determine eligibility.
- Include photocopies of documents to support your statements, photocopies will not be returned.
- Information provided on this application will be kept **confidential**

**Please return to our mailing address:**

**MIZAN (HELP)**

100 McLevin Ave, Unit 210  
Toronto, Ontario M1B 5K1



Muslims Implementing Zakat  
Associated Network Inc.

E-mail: [info@mizan.ca](mailto:info@mizan.ca)  
Visit our website: [www.mizan.ca](http://www.mizan.ca)

**Name:** \_\_\_\_\_  
First
Middle
Last

**Address:** \_\_\_\_\_  
Street
Apt. No.

\_\_\_\_\_  
City
Province
Postal Code

\_\_\_\_\_  
Home
Business

**E-mail address:** \_\_\_\_\_

**MARITAL STATUS:**

Single:  Married:   
 Separated:  Divorced:  Widowed:

**If applicable:**

Name of **Spouse:** \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street
Apt. No.

\_\_\_\_\_  
City
Province
Postal Code

Telephone: \_\_\_\_\_  
Home
Business

Number of **children:** \_\_\_\_\_ Age (s): \_\_\_\_\_

**QUESTIONNAIRE.**

Help us help you better, please complete the following:

- |                                                                     | <b>YES</b>               | <b>NO</b>                |
|---------------------------------------------------------------------|--------------------------|--------------------------|
| 1. <b>Are you currently employed?</b>                               | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes:                                                             |                          |                          |
| Name of the employer: _____                                         |                          |                          |
| Monthly income: \$ _____                                            |                          |                          |
| 2. <b>Are you receiving assistance through another source?</b>      | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes:                                                             |                          |                          |
| Provide details: _____                                              |                          |                          |
| Indicate the amount: \$ _____                                       |                          |                          |
| 3. <b>Are you currently receiving assistance from Canada Works?</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes:                                                             |                          |                          |
| Indicate the amount: \$ _____                                       |                          |                          |
| 4. <b>Are you currently receiving Child benefits?</b>               | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes:                                                             |                          |                          |
| Indicate the amount: \$ _____                                       |                          |                          |
| 5. <b>How much is your monthly accommodation expense?</b>           |                          |                          |
| \$ _____                                                            |                          |                          |

**6. Please indicate other expenses with supporting documents:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that any changes to your financial, marital, family status need to be reported to MIZAN immediately, if not reported it may result in termination of our assistance. Also please note that our assistance is temporary and can stop at the discretion of MIZAN.

I hereby declare that to the best of my knowledge the information submitted on this application is true. I realize that **MIZAN** may verify the above information and I will report to MIZAN any changes as indicated above.

\_\_\_\_\_  
Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          day      month      year

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**FOR OFFICE USE ONLY**

Application received and checked by: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Board Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Field Worker: \_\_\_\_\_ Signature: \_\_\_\_\_

## Supporting Documentation

At MIZAN, we continue our efforts to be more effective in helping all members of our community. Our efforts are focused on collecting Zakat money from the Muslim community and distributing it to individuals and families in need within our community in which we live, in Canada.

MIZAN assistance is temporary and your aid will be reassessed every six month. Please rest assured that your personal information is kept confidential.

Please complete the application form and mail it back to MIZAN (HELP) address on page 1 of the form. It is mandatory that the form be accompanied by the statements and/or receipts as listed below if applicable and they should be dated within the last two months:

### INCOME:

- Bank statement (mandatory)
- Ontario Works Social assistance receipt
- Canada Child Benefit (if applicable)
- Ontario Disability Support Program
- Canada Pension Plan
- Old age security
- Trillium Plan receipt
- Unemployment Insurance receipt
- Guaranteed Income Supplement.

### EXPENSES:

- Rent contract (copy)
- Physician/health care worker's report or receipts
- Heat and hydro bills
- Gas bill
- Phone, cell bills
- Internet, transportation bills.

If you have any questions please call your case worker or send an email to: [help@mizan.ca](mailto:help@mizan.ca). We look forward to hearing from you.

MIZAN

Muslims Implementing Zakat Associated Network Inc.