

Application for Assistance Marriage Support for Girls – HF320App District Operations False information or incomplete form may cause rejection of

eadquarters Ox 5481 CA 95056 4-3282

| 1. Is the bride and her family eligible to receive | ve Zakat: ☐ Yes ☐ No | Why? | | |
|---|----------------------|-------------------------------------|--------------------------------|---|
| 2. Name of the bride: | | / | | |
| 3. Bride's National ID Card No/Form B: | | 4. Bride's 7 | | |
| 5. Current address of bride: | ch a photocopy) | | | |
| 6. Does the bride work: ☐ Full Time ☐ | Part Time Unemploy | ed | | |
| 8. Has Applicant or family member received a 8.1. If yes, how much? | | / | | |
| 9. Father's Name: | 10 . Caste | | | ΔNo |
| 12. Total Family Members:12.1. Male | Adults:12 | | | ne: |
| 14. Is bride or her family affected by Death in | Family, Nat | | | |
| 15. Any demand from groom: ☐ Yes ☐ N | lo 15.1 ./ | | | |
| 16. Has bride or family member received sup | port | | | |
| 17. Does bride's family own home or rent? | | | | |
| 18. Details of Monthly Expenses (in Rup | | | 4 | |
| House Rent F | | | <u>/ng</u> | Misc. (Define) |
| | | | | |
| 19. Has marriage date been | | | | |
| 20. Name of Groom: | | | | |
| 22. Caste: | | | | |
| | | | 25. Profession_ | |
| 26. Name of | | <i></i> | 27. Relationship to the brid | de |
| 28. Appli | | | | |
| <u>29.</u> 7 | | | | Tel. Numbers & E-mail Address |
| 7 | | | | Tel. Nullibels & E-mail Address |
| | | | | |
| | | | | |
| | | | | |
| | ∫s not g | | ant will qualify to receive as | Hidaya Foundation can verify sistance. I further certify that I |
| | | Date: | | |
| | | | | |
| | / | FFICE USE ONLY Form HT320Inv and | d attach to this docume | ent |
| | rm attached? Yes | No By whom? | WI | hat date? |
|), | | | Approx. value of given as | sistance, Rs |
| Did Hid | ve approval? ☐ Yes ☐ | No What date? | | |
| Regional Director ature: | | | Date | · |
| HF320App | Rev: July 9, 2009 | | | |