

## Application for Assistance Zakat Distribution – HF300App \_\_\_\_\_\_ District Operations False information or incomplete form may cause rejection of applicate

1. Is the applicant eligible to receive Zakat: ☐ Yes ☐ No Wh	ıy?
2. Name of Applicant:	
3. Applicant's National ID Card No.:(attach a photocopy)	4. Date of Birth:
5. Complete Address:	
6. Does Applicant work:	employed 7. Prof
8. Does the Applicant have any additional skills or crafts which can be	be used to earn
If Yes, what skills do you have? If No, is Applicant willing to learn ne	ew job skills
If not willing to learn then explain why?	
9. Has Applicant or family member received any financial help from If yes, how much? and from where?	Hid
10. Father or Husband's Name:	
12. Total Number of Family Members: Adult:	
13. Total Monthly Family Income:	/ / college? ☐ Yes ☐ No
15. Is the Applicant or family affected by Death in Far	
16. Does family own home or rent?  Homeow	
17. Details of Monthly Expenses (in Rupees) House Rent Food	Clothing Misc. (Define)
18. Two references who can verify Name	Tel. Numbers & E-mail Address
19. For what purpor	
20. How mu	
<b>21.</b> Once	from now?
	and correct. By signing this form, I hereby agree that Hidaya Foundation can verify of guarantee that the applicant will qualify to receive assistance. I further certify that I st and criminal activities of any kind. I understand that if any time Hidaya finds that the yed in a terrorist or criminal activity, financial assistance will be immediately stopped.  Date:
FC	OR OFFICE USE ONLY
	gation Form HF300Inv and attach to this document
m attached? ☐ Yes	s ☐ No By whom? What date?
e-Time or Per I	Month for: ☐ 6 months ☐ 12 months ☐ Does Not Qualify
sident or Country Manager?	? ☐ Yes ☐ No What date?
ture:Latest Rev: Jan 16,	Date
Editor Rev. Juli 10,	