Application for Assistance

National Zakat Foundation™ AUSTRALIA

Zakat is the 3rd pillar of Islam. NZF has been established with the clear purpose of collecting Zakat and Sadaqah from Australian Muslims. Once collected, the funds are channeled back through all the Zakat categories as stipulated in the Qu'ran, within Australia, in order to lift the living standards of local Muslims. Once the needs of the Australian Muslim community have been satisfied, we will then strive to provide aid to other needy recipients and projects throughout the world.

NOTE: Due to the responsibility for the correct Islamic distribution of funds in accordance with Shariah and Australian law, it is incumbent upon NZF to check and verify all information, so that we can show responsibility, accountability and transparency. As a result, NZF sincerely requests that you complete all sections of the application in full with honest and accurate information. All information is kept private and confidential. **An incomplete form may result in a delay in your application being processed.**

Post completed application form to:

National Zakat Foundation Australia
PO Box 45
Liverpool NSW 1871

Personal Details

Title	☐ Mr	☐ Mrs	☐ Ms	☐ Dr	☐ Other
If "Other", please specify					
First Name					
Surname					
DOB	DD/MM/YYYY				
Marital Status	☐ Married ☐ Single ☐ Divorced ☐ Separated				
Interpreter Required?	☐ No		☐ Yes		
If "Yes", specify language					

Address Details

Address Suburb			
Suburb			
State		Postcode	

Contact Details

Home Phone	
Mobile	
Work Phone	
Email	

Applicant Details

Place of Birth	
Passport No	
Driver's License	
Australian Residency Status	☐ Citizen ☐ Australian Resident ☐ Not an Australian Resident
Nationality	
Country of Origin/Birth	
Previous Country of Residence	
Date of Arrival in Australia	DD/MM/YYYY
Visa Type	☐ Refugee Permanent Resident ☐ Refugee (In country special humanitarian) ☐ Special Humanitarian Program ☐ Refugee (Emergency Rescue) ☐ Refugee (Woman at Risk) ☐ Permanent Protection ☐ Resolution of Status

Medical Details

Do you or any other members have a health condition? If so, please specify details below.

Name	
Relation	
Condition	

Name	
Relation	
Condition	

Name	
Relation	
Condition	

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Current Accommodation

Type	☐ Owned/Purchasing ☐ Private Rental ☐ Public Rental ☐ Other (Hostel, Care Home, Hotel etc. - please specify)
Other	

Description of Need

Please provide as much detail as possible. If you require additional space, you may attach a separate page to the back of this form.

Details of Need

Dependents

First Name		
Surname		
DOB		
Relationship		
Resides with Applicant	☐ Yes	☐ No
If "No" please provide details		
Does dependent attend school?	☐ Yes	☐ No
If "Yes", which school?		

First Name		
Surname		
DOB		
Relationship		
Resides with Applicant	☐ Yes	☐ No
If "No" please provide details		
Does dependent attend school?	☐ Yes	☐ No
If "Yes", which school?		

First Name		
Surname		
DOB		
Relationship		
Resides with Applicant	☐ Yes	☐ No
If "No" please provide details		
Does dependent attend school?	☐ Yes	☐ No
If "Yes", which school?		

NOTE: If you have additional dependents, please list them on a separate page and attaché to the back of this form.

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Weekly Income

This should include any income or assistance (including wages, salaries, CentreLink payments, pensions, allowances etc.)

Salary or Earnings	$
Government Allowances	$
Other Income	$

Liabilities

Accumulated Debts

Description of Debt	Amount
	$
	$
	$
	$
	$
	$
	$
	$
	$

Weekly Living Cost

Please provide expense details for the categories below. This will be used to assess your application.

Living Cost Description	Amount
Rent	$
Food	$
Water	$
Gas	$
Electricity	$
Motor Vehicle	$
Telephone	$
Other	$
Total	$

Bank Account Details

We require your bank details so that any financial aid can be transferred to your nominated account.

Your financial institution may be contacted to confirm the information provided by you.

Financial Institution		
BSB		
Account Name		
Account Number		
Is this a joint account?	☐ Yes	☐ No
If "Yes", specify the name of joint account holder		
Relationship to Joint Account holder		

Referral Information

Applicant Referred By	☐ Self ☐ Family ☐ Friend ☐ Internet If referred from the following, please specify below: ☐ Advertising/Marketing ☐ Islamic Organisation ☐ Government ☐ Other Charitable Organisation ☐ Other (please specify)
Please specify	

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Work History

Please provide details of your last place of employment.

Employer	
Position	
Status	☐ Full Time ☐ Part Time ☐ Permanent Part Time ☐ Casual ☐ Contract ☐ Other
If "Other", please specify	
Start Date	DD/MM/YYYY
End Date	DD/MM/YYYY
Reason for leaving	

Employer	
Position	
Status	☐ Full Time ☐ Part Time ☐ Permanent Part Time ☐ Casual ☐ Contract ☐ Other
If "Other", please specify	
Start Date	DD/MM/YYYY
End Date	DD/MM/YYYY
Reason for leaving	

Declaration

I, the undersigned, do solemnly and sincerely declare as follows:

1. The information given in this application is true and correct to the best of my knowledge and belief.
2. I give National Zakat Foundation the permission to seek information regarding this application from other banks, government departments, agencies and Islamic organisations.
3. I undertake to notify National Zakat Foundation of any change in my financial circumstance which could affect my eligibility for continuing financial assistance

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* and subject to the penalties involved by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this application to be true in every particular.

I also make this declaration and request for assistance in full accordance with Islamic Shariah and fully understanding that if I intentionally make a false declaration asking for Zakat or Sadaqah, I will be guilty of an offence under Section 11 of *the Statutory Declarations Act 1959*.

Signature	
Date	DD/MM/YYYY

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Office Use Only

Case Reference	CRN	
Case Type	☐ Refugee ☐ Single Parent ☐ Revert ☐ Other (Please specify)	
If "Other", please specify		
NZF Case Worker Name		
Is the Applicant eligible for assistance?	☐ Yes	☐ No
Type of assistance	☐ Zakat	☐ Sadaqah
Crisis Indicator	☐ Applicant is in Crisis	☐ Applicant NOT in Crisis
Applicant Eligibility	☐ Eligible for service ☐ NOT eligible for service ☐ Eligibility not determined	
Authorised by NZF Staff Member		
Amount Approved	$	
Signature		
Date	DD/MM/YYYY	

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