

## The Islamic Association of Saskatchewan (Saskatoon) Inc.

## THE TAKAFUL FUND COMMITTEE (TFC) APPLICATION FOR ASSISTANCE

Name:	Phone #:
No. Of Family Members (Dependants Onl	y):
Address:	
	(Include Social Assistance, Employment
Of All Individuals At The Same Household, An	d Any Other Income Or Assistance)
How Much Assistance Do You Expect o	r Require From Takaful Per Month? \$
Starting Date:	Ending Date:
Are You Expecting Assistance or Loan:	
Briefly Describe Your Needs and Any Sp	pecial Circumstances:
	f Your Situation in Saskatoon):
Applicant Signature:	Date:
Received by (IAS Official):	Date:
Complete IAS Ta	akaful Checklist before Approving
Approved $\square$ YES $\square$ NO	
Signature & Date of Responsible Takaful Com	mittee Member:
Signature & Date of Applicant when Approve	d:
Signature & Date of Treasurer:	Cheque No:
Applicant to A	Iso Sign IAS Receipt of Payment
www.islamiccontor	sk ca info@islamiccenter.sk ca



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## TAKAFUL FUND CHECKLIST

□ Name	
□ Address	
☐ Phone Number	
□ Email	
☐ Reason for Assistance	
☐ Reference provided	
☐ Signature of IAS Chairperson – Takaful Form Completed	
☐ Bank Statement Provided (Last 3 Months)	
$\square$ CRA Notice of Assessment Provided (Previous Year or if in Canada for more than 1 year)	
Applicant Contacted to Verify Takaful Request $\square$ YES $\square$ No $\square$ N/A	
Home Visit Required $\ \square$ YES $\ \square$ No	
☐ Home Visit Made	
☐ Reviewed by Takaful Committee	
☐ Signed by Responsible Takaful Committee Member	
☐ Reviewed by Treasurer	
☐ Previous records checked and verified	
$\square$ Applicant Contacted if Approved or Not Approved (Phone / Email)	
$\square$ Signature of Applicant to Confirm Funds Received (Sign IAS Receipt of Payment Form)	