



JABATAN KEBAJIKAN & KEMASYARAKATAN  
PERSATUAN MUHAMMADIYAH  
14 Jalan Selamat, Singapore 418534  
Tel: (65) 6242 9725

OFFICIAL USE:	<input type="radio"/> WALK-IN	<input type="radio"/> MAIL	<input type="radio"/> BY HAND
NAME:	DATE RECEIVED:	DOCUMENTS COMPLETE: ✓ / ✗	

### **MUHAMMADIYAH ASSOCIATION BENEFICIARY FORM**

#### **APPLICATION PROCEDURE**

1. Kindly ensure that the form (3 pages) is filled out correctly and completely.
2. Only the latest form will be accepted.
3. Application period begins **from 8<sup>th</sup> November 2023 to 5<sup>th</sup> January 2024.**
4. There is NO guarantee of receipt for forms sent by mail.
5. The application results will be notified through mail.

#### **SUPPORTING DOCUMENTS REQUIRED**

Please attach photocopies of All documents (where applicable) and arrange them in following order:

- NRIC (front and back) of applicant and family members **living in the same household.**
- Birth certificate for children **living in the same household, below 15 years old.**
- Certificate of Marriage/ Divorce/ Death Certificate of Husband/Wife (where applicable).
- Applicant's bank book stating **account number (front page), or latest bank statement(s).**
- Medical memo/report confirming illness/unable to work Temporary/Permanent (if any).
- Latest Payslip and/or 3 months CPF Transaction History for applicant and family members **staying in the same household, 21 years and above.**
- Declaration of any Financial Assistance received from MUIS/SSO Comcare (CDC) /others (if applicable).
- Any other relevant documents to support this application.

#### **ELIGIBILITY CRITERIA**

1. Application **must** be a Singapore Citizen or Permanent Resident.
2. Only **one applicant per family staying in the same household** can apply.
3. Applicant must be **25 years of age and above** to apply.
4. Applicant **must not exceed** per Capita Income (**PCI**) of **\$650** and/or **gross household income is below \$1,900.**



**APPLICANT'S PARTICULAR**

Kindly tick "✓" in the appropriate boxes.

\* Please Specify

Full Name (As in NRIC):		NRIC Number:	Date Of Birth (DD/MM/YY):
Residential Address (As in NRIC):		Contact Number (Home / Mobile) :	Age:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed	Race: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____	Highest Qualification Level: <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary GCE 'N' / 'O' / 'A' <input type="checkbox"/> Diploma <input type="checkbox"/> ITE <input type="checkbox"/> Others / NIL : *	
Type of HDB Housing: Owned / Rental / Temporary Residence  <input type="checkbox"/> 1 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 5 Room <input type="checkbox"/> 2 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> Studio		Employment Status:  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Looking for job <input type="checkbox"/> Unemployed (Reason for not working) : _____	
Name of Employer:		Employment address / Contact number (work):	
Occupation:	Number of Family members <b>living in the same household (including applicant)</b> :	Monthly Gross Salary: \$	
Physical Condition ( <i>*kindly provide supporting document</i> )  <input type="checkbox"/> Able bodied <input type="checkbox"/> Handicapped <input type="checkbox"/> Wheelchair-bound/ Walking stick <input type="checkbox"/> Bedridden <input type="checkbox"/> Others: * _____		Chronic Illnesses ( <i>*Kindly provide supporting document</i> ):  <input type="checkbox"/> Kidney <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cholesterol <input type="checkbox"/> Mental Illness (IMH) <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension (High Blood Pressure) <input type="checkbox"/> Others: * _____	
Additional information (If any)			



Please state particulars of family members **staying together** in the same household:

S/no	Name	Age	Relation to Applicant	Occupation	Gross Monthly Income (\$)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please provide your financial details.

Total Gross Monthly Household Income (including applicant): \$	Total allowance from Alimony claim (if any): \$
No. of family members <b>not living in same household</b> (if any):	Maintenance allowance received from family members (if any):

Kindly declare financial assistance received from other organizations.

	MUIS	SSO Comcare (CDC)	OTHER ORGANIZATION: _____
Amount	\$	\$	\$
Validity Period			

Please provide the bank account number for the zakat disbursement. Kindly attach a photocopy of your bank book showing your full name and account number.

NAMA BANK:	POSB / DBS / UOB / OCBC / MAYBANK
ACCOUNT NO:	

## DECLARATION

I hereby declare & agree:

- a) The information given in this form to be true, correct, and accurate to the best of my knowledge and I have not withheld any information that may influence the assessment of my application.
- b) If my application submitted is incomplete and/or lack information(s), illegible writing, and applicants found to be residing with another applicant, my application will be rejected.
- c) If I am found to intentionally conceal or provide false information, my application will be rejected by Muhammadiyah without further explanation.
- d) I am aware that all my personal documents are for the activities of the Muhammadiyah Association and all documents attached to this application will not be returned.
- e) Muhammadiyah reserves the right to distribute Zakat disbursement to me directly, even if I have chosen to receive it through my bank account, if necessary.
- f) I allow the information I have provided to be shared with Ministry of Social and Family Development (MSF) and other agencies to assess my eligibility for additional or alternative assistance, for research and for other purposes under Singapore Law. I also allow any agency, which has any of my records, to share the relevant information with Muhammadiyah Association, if it is required for my application.
- g) Successful applicants will be notified by mail. Any decision made by Muhammadiyah zakat disbursement committee is final.
- h) After my application is being assessed, it might be rejected for reason such as:
  - a. **Per Capita Income (PCI) above** the qualifying criteria of **\$650**.
  - b. Applicant has children (**living in the same household**) who are working adults and deemed to be able to support the applicant.
  - c. Able bodied applicant who is not actively looking for employment after being supported with Zakat.
  - d. **Incomplete submission** of essential supporting documents such as NRIC and/or income information.
  - e. **Does not meet the application criteria** in terms of age limit and other factors.

By signing this document, I hereby fully understand and agree to the terms and conditions stated above. I shall abide to the rules and regulations set by Muhammadiyah Association.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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OFFICIAL USE:

APPROVED	GIRO / MANUAL	ASSESSED BY:
REJECTED	REASON:	