



COMMUNITY OUTREACH & ENGAGEMENT  
MUHAMMADIYAH ASSOCIATION  
Hexacube, 160 Changi Road,  
#03-05, Singapore 419728 (*Temporary Office*)  
Tel: (65) 8354 2666

|               |                               |                            |                               |
|---------------|-------------------------------|----------------------------|-------------------------------|
| 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. Only the latest form will be accepted.
2. Application period begins **from 28<sup>h</sup> November 2024 to 1<sup>st</sup> February 2025.**
3. We will not accept application form after the closing date.
4. Kindly ensure that the form (3 pages) is filled out correctly and completely.
5. We accept completed application form via mail post to the following address:

**Hexacube (Temporary Office),  
160 Changi Road,  
#03-05, Singapore 419728**

#### **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. Applicants **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 **\$800.**



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



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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.

|             |                                   |  |
|-------------|-----------------------------------|--|
| BANK NAME:  | POSB / DBS / UOB / OCBC / MAYBANK | Please tick (v) if you have PayNow - NRIC                |
| ACCOUNT NO: |                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## DECLARATION

I hereby declare & agree:

- a) The information provided 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 lacks information(s), illegible writing, and/or applicants found to be residing with another applicant, my application will be rejected.
- c) If I am found to intentionally conceal or provided false information, my application will be rejected by Muhammadiyah without further explanation.
- d) I understand that all my personal documents submitted are solely 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 disbursements to me directly, even if I have opted to receive it through my bank account, if deemed necessary.
- f) I consent to the information I have provided to be shared with Ministry of Social and Family Development (MSF) and/or other agencies for the purpose of assessing my eligibility for additional or alternative assistance, conducting research, and other purposes in accordance with Singapore Law.
- g) Successful applicants will be notified by mail. Any decision made by Muhammadiyah zakat disbursement committee is final.
- h) My application may be rejected after assessment for any of the following reasons:
  - a. **Per Capita Income (PCI) above** the qualifying criteria of **\$800**.
  - 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:       |              |