



## AL KAUSAR TRUST PAKISTAN

### FINANCIAL AID APPLICATION FORM

**NOTE:** Al Kausar Trust operates through charity and donations. The financial aid offered is exclusively for individuals in genuine need. Personal data provided will be used only for aid assessment and verification.

#### 1. Personal Information

Full Name: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

CNIC Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Family Members: \_\_\_\_\_

Education: \_\_\_\_\_

#### 2. Household Information

Dependents (list with ages & schooling status): \_\_\_\_\_

Any Special Needs/Disabilities in Family: \_\_\_\_\_

Chronic Illnesses/Elderly Care Needs: \_\_\_\_\_

#### 3. Financial Information

Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Income Source(s): \_\_\_\_\_

Total Household Expenses (monthly): \_\_\_\_\_

Outstanding Loans/Debts: \_\_\_\_\_



#### 4. Assets & Living Conditions

House Ownership (Owned/Rented/Other): \_\_\_\_\_

Vehicle Ownership: \_\_\_\_\_

Household Appliances: \_\_\_\_\_

Land/Livestock (if rural): \_\_\_\_\_

#### 5. Employment / Education of Family Members

Spouse Employment: \_\_\_\_\_

Children's Education Status: \_\_\_\_\_

#### 6. Purpose of Financial Support

☐ Medical Case

☐ Ration Case

☐ Household Needs

☐ Other: \_\_\_\_\_

#### 7. Reason for Seeking Financial Support

Please briefly explain why you need financial assistance:

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## 8. Banking & Verification Details

Bank Account Title: \_\_\_\_\_

Bank and Branch Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

## 9. Required Documents (attach copies)

- ☐ CNIC Copy
- ☐ Pay Slip (if employed)
- ☐ Rent Agreement/Property Ownership Certificate
- ☐ Latest Gas Bill (last 3 months)
- ☐ Latest Electricity Bill (last 3 months)
- ☐ Medical Reports (if applicable)
- ☐ Fee Challan / Marksheets (for education aid)
- ☐ Bank Statement (last 3 months)
- ☐ Any other relevant documents: \_\_\_\_\_

## 10. Photographic Evidence (Compulsory)

- ☐ House (outside view)
- ☐ House (inside view)
- ☐ Kitchen
- ☐ Guest Room (if possible)

## 11. Declaration & Consent

I declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from receiving financial aid. I consent to the collection and use of my data for financial aid assessment purposes only.

Referees/Guarantors (two references with contact info):

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## 12. For AKT Office Use Only

Interview Notes: \_\_\_\_\_

Field Officer Verification: \_\_\_\_\_

Decision (Approved/Rejected): \_\_\_\_\_

Authorized Signatures: \_\_\_\_\_