



Amana Foundation
101 Mountain Laurel Ln
Malvern PA 19355
info@amanafoundation.com | <http://amanafoundation.com>

Zakah Fund Application for Assistance

Full Legal Name: _____

Full Mailing Address: _____

Home Phone #: _____

Cell Phone #: _____

Marital Status: _____

Dependents (ages and relationship): _____

Are you currently employed (if yes, state your monthly net income): _____

Are you receive any State or Federal Assistance (if yes, describe what type and amount):

Describe the situation and the need:



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Landlord or Bank Name (Mortgage): _____

Landlord/Bank Manager Phone: _____

Monthly Rent or Mortgage: _____

Monthly Utilities (electric, gas, water): _____

Monthly Groceries: _____

Monthly Cell Phone/Home Phone: _____

Monthly Auto Payment (incl insurance): _____

Monthly Medical Insurance: _____

Other Monthly Expenses: _____

Total Monthly Expenses: _____

Is there any additional information the Zakat Committee needs to know to make a decision?

Signatures