



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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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**