

Friends of Recovery Association

REVOLVING LOAN APPLICATION KANSAS OXFORD HOUSES

Upon completion of this document, please return to:
Friends of Recovery Association
6422 Santa Fe Dr. Rm. 105
Overland Park, KS 66202

HOUSE DETAIL

House Name: _____	Phone #: _____	
Location: _____		
Capacity: _____	# Bedrooms: _____	# Baths: _____
Lease Term: _____	Monthly Rent: _____	
Landlord(s): _____	Phone #: _____	
Address of Landlord(s): _____		

BUDGET

Loan amount may not exceed \$4000.00

FIRST MONTH'S RENT: \$ _____

SECURITY DEPOSIT: \$ _____

OTHER EXPENSES:

EXPLAIN: _____ \$ _____

EXPLAIN: _____ \$ _____

EXPLAIN: _____ \$ _____

EXPLAIN: _____ \$ _____

TOTAL: \$ _____

Name: _____ Birth Date: _____
Present Address: _____
Home Phone: _____ Work Phone: _____
Date of Last Drink: _____ Date of Last Drug Use: _____
Signature: _____ Date: _____

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REVOLVING LOAN AGREEMENT

Friends of Recovery Association has investigated the validity of this loan application (suitability of property, ability to function effectively, ability to repay loan, and the status as a self-sufficient recovery home) and hereby agrees to loan _____ (House Name) the sum of \$ _____ on this _____ day of _____, 20 ____.

Repayment of this loan will begin on the _____ day of _____, 20 ____.

The total sum of which shall be repaid on or before the _____ day of _____, 20 ____.

Chapter _____ has an investment in the success of this Oxford House and will hold co-signer liability, ensuring payment of the loan in full, so as to secure the good name of Oxford House and continue its traditions.

FORA Executive Director

Date

The undersigned are fully aware of all items contained in this document and agree to those terms as listed.

Member of Said Recovery Home

Date

Member of Said Recovery Home

Date

Member of Said Recovery Home

Date

Chapter Representative

Date