

Friends of Recovery Association

KANSAS OXFORD HOUSE REVOLVING LOAN APPLICATION

Upon completion of this document, please return to:

Friends of Recovery Association

6422 Santa Fe Dr. Rm. 18

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 \$6500.00

FIRST MONTH'S RENT: \$ _____

SECURITY DEPOSIT: \$ _____

OTHER EXPENSES:

EXPLAIN: _____ \$ _____

EXPLAIN: _____ \$ _____

EXPLAIN: _____ \$ _____

EXPLAIN: _____ \$ _____

TOTAL: \$ _____

HOUSE MEMBERS

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

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Date of Last Drink: _____	Date of Last Drug Use: _____
Signature: _____	Date: _____

Friends of Recovery Association

REVOLVING LOAN AGREEMENT

Friends of Recovery Association has investigated the validity of this loan application (suitability of the property, ability to function effectively, ability to repay the loan, and the status as a self-sufficient recovery home) and hereby agrees to loan Oxford House _____ the sum of \$ _____ on, _____, 20____. Repayment of this loan will begin on _____, 20____. Repayment of this loan will be completed on or before _____, 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, securing the good name of Oxford House, and continuing the traditions.

FORA Executive Director

Date

The undersigned are aware of loan terms and agree to those terms as listed.

Member of Oxford House

Date

Member of Oxford House

Date

Member of Oxford House

Date

Chapter ____ Representative

Date