

KANSAS OXFORD HOUSE STATE ASSOCIATION
Revolving Loan Application

Upon completion of this form please return to the Chapter Revolving Loan Officer

Chapter # _____

Chapter Loan Officer contact:

Phone # _____

Email _____

Address: _____

HOUSE DETAIL

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

BUDGET

<i>Loan amount may not exceed \$4,000.00</i>	
First Month's Rent: \$	_____
Security Deposit: \$	_____
Other Expenses	
Explain: _____	\$ _____
Explain: _____	\$ _____
Explain: _____	\$ _____
Explain: _____	\$ _____
TOTAL:	\$ _____

Names of individual moving into this house or Oxford House residents vouching for the loan

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

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