Friends of Recovery Association

KANSAS OXFORD HOUSE REVOLVING LOAN APPLICATION

Upon completion, please email to: Office@friendsofrecovery.com

HOUSE DETAIL			
House Name:			
Location:			
Capacity:	# Bedrooms:	# Baths:	
Lease Term:	Monthly Rent:		
Landlord(s):	Phone #:		
Address of Landlord(s): _			
BUDGET			
Loan amount may not exceed \$			
	FIRST MON	NTH'S RENT: \$	
	SECURITY	DEPOSIT: \$	
OTHER EXPENSES:			
EXPLAIN:		\$	
EXPLAIN:		\$	
EXPLAIN:		\$	
EXPLAIN:		\$	
		TOTAL: \$	

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

Date of Last Drink:

Signature:

Date of Last Drug Use: _____

Date: ____

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Friends of Recovery Association has investig	gated 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-suf	ficient recovery home) and
hereby agrees to loan Oxford House	the sum o
\$ 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 succes	ss of this Oxford House and
will hold co-signer liability, ensuring paymen	t of the loan in full, securing
the good name of Oxford House, and continu	ing the traditions.
FORA Executive Director	Date
The undersigned are aware of loan terms and agree to	o those terms as listed.
Member of Oxford House	Date
Member of Oxford House	Date
Member of Oxford House	Date
Chapter Representative	Date