



FRIENDS HOUSE

Retirement Community
"Community Through Caring"

Interest Free Loan Agreement

Friends House Residents Assistance Fund assists Friends House to provide:

- rent subsidies* to low and moderate income residents
- financial assistance for *medical care, dental care and prescription drugs* not covered by Medicare, Medigap, and private insurance;
- financial assistance for *local transportation needs*

Date of Loan _____ / _____ / _____
Month Day Year

I agree to loan interest-free the Friends House Residents Assistance Endowment the sum of \$ _____ .00 with the following condition (check one):

- repayable to lender within 60 days of written notice
- repayable to lender _____ years from date of loan
- repayable to the estate of lender upon written notification of death by executor of estate
- loan converts to gift to the Friends House Residents Assistance Endowment Fund upon death of lender

Signature of Lender

Name of Lender

On behalf of Friends House, Inc., I accept the above loan to the Friends House Residents Assistance Endowment Fund with the condition checked above.

Karen Lehman, Executive Director, Friends House, Inc.