

# Secured Loan Agreement

Date: [Date]

Borrower: [Borrower Name]

Address: [Borrower Address]

Lender: [Lender Name]

Address: [Lender Address]

## Loan Details

Loan Amount: \$[Loan Amount]

Interest Rate: [Interest Rate]% per annum

Loan Term: [Loan Term] months

Purpose: Medical Costs

## Secured Agreement

The borrower pledges the following collateral against the loan:

[Description of Collateral]

## Repayment Terms

Monthly Payments: \$[Monthly Payment]

Due Date: [Due Date of Payments]

## Signatures

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Information

If you have any questions, please contact:

[Contact Name]

[Contact Phone Number]

[Contact Email]