

Referring Broker Contact Information (if applicable)

Broker Name: _____
Cell: _____ Fax: _____

Broker Company: _____
Email: _____

Borrower Name: _____

Address: _____

City: _____ State: Texas Zip Code: _____

County: _____ Own: Yes/No Married: Yes/No Past Bankruptcy /Foreclosure: *Yes/No

*If yes, please explain: _____

Cell Phone: _____ Office Phone: _____ Fax: _____

Email Address: _____

Co-Borrower Name: _____

Address: _____

City: _____ State: Texas Zip Code: _____

County: _____ Own: Yes/No Married: Yes/No Past Bankruptcy /Foreclosure: *Yes/No

*If yes, please explain: _____

Cell Phone: _____ Office Phone: _____ Fax: _____

Email Address: _____

Entity name (Corp, LLC, etc) that will hold title: _____

(Must be a Texas based entity, not out of state or owned by another out of state entity.)

****** GCMAC DOES NOT MAKE ANY HOMESTEAD / OWNER OCCUPIED SINGLE FAMILY LOANS****
**** All borrowers must show evidence of a separate SFR residence with a current homestead exemption******

Rehab Purchase :

Purchase Price: \$ _____
As-Is Value: \$ _____
After Repaired Value: \$ _____
Estimated Rehab Cost: \$ _____
Initial Loan Amount: \$ _____

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*Up to 90% of purchase price, does not include rehab money
Total Loan Amount: \$ _____
*Up to 65%-70% of the ARV, base loan plus any rehab cost to be financed

******Money for rehab available on case-by case basis and guidelines subject change without notice.**

Rate and Terms Quoted: _____

Describe repairs needed: _____

Subject Property Information

Address: _____

City: _____ State: Texas Zip Code: _____

County: _____ Tax Value: \$ _____

Number of Units: _____ Survey available: Y / N Date of Survey: _____

Subject Property Under Contract: Y / N Contract Expiration Date: _____

Schedule of All Real Estate Owned

(Prop Types: PR = primary residence; I = investment property; C = commercial property; R = raw land)

| Property Address | Property Type | Date Aquired | Purchase Price | Market Value | Total Mort & Liens |
|------------------|---------------|--------------|----------------|--------------|--------------------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Totals | | | | \$ | \$ |

Summerize Income, reserves and ability to service debt: _____

**AUTHORIZATION TO OBTAIN CREDIT INFORMATION
AND VERIFICATION OFF ALL INFORMATION PROVIDED ABOVE**

I/we represent and warrant that the information provided in this credit application / Real Estate Information Form is complete, accurate and true. Each individual signing below also requests and authorizes any lenders or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain commerical and/or consumer credit histories that will be ongoing and relate not only to the evaluation of the business credit requested, but also for the purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection aciton on the account, and for any other legitimate purpose associated with the account as may be needed.

A FACIMILE, ELECTRONIC OR OTHER COPY OF THIS SIGNED AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

| | | |
|---------------------------------|------------------------------------|---------------|
| X _____ Applicants Signature | X _____ Applicants Printed Name | _____ Date |
| X _____ Applicants Signature | X _____ Applicants Printed Name | _____ Date |