



# FIX & FLIP APPLICATION FORM

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### APPLICANT/TRANSACTION INFORMATION

Applicant(s) Name:

Business Name:  EIN #:

Applicant Primary Address:  City:  State:  Zip:

Applicants D.O.B:  \*Social Security#:  Last Years Personal Tax returns filed?  Yes  No

Contact #:  Email Address:

Loan Purpose:  Fix & Flip  Ground Up Construction  Line of Credit Do you have Rehab/Construction experience?  Yes  No If yes how many years?:

How many 1-4 family investment properties have you bought and sold or bought and improved over the past (24) months?:

Where are you in the process?  
 Researching  Actively Looking  Identified a Property  Signed Contract

If this is a construction ground up loan do you own the land?  Yes  No  NA If yes what is the land value?:

### SUBJECT PROPERTY INFORMATION

Subject Property Address:   TBD  Ready for purchase  N/A Line of Credit

City:  State:  Zip:

Loan Amount Requested:  "As is" Property Value:  Purchase Price:

Rehab Funds Needed:  After Repair Value (ARV):  Estimated Cost of Rehab:

Liquid Assets:  Bank Accounts, 401k, Retirement, Stocks, Bonds:

Important Info/notes:

\*I/We hereby authorize MCM Holdings, Inc and other persons or entities working with MCM Holdings, Inc that may process or underwrite my/our application, to access my/our credit reports for mortgage/credit purposes through CIC CREDIT in compliance with 15 U.S.C. 1681b(a)(3)(A). This authorization includes any subsequent inquiries required including but not limited to updating credit history and/or quality control. I/We further provide authorization, to the same extent as above, to verify my/our current and previous employment, earnings and credit records including bank accounts, stockholdings, current and past mortgages, landlord references and any other assets, liabilities and public record information needed to process my/our application.

I/We understand and agree this authorization qualifies as a written authorization and is enforceable under the Electronic Signatures in Global and National Commerce Act ("E-SIGN") Pub. L. No. 106-229, 114 Stat. 464 (2000) (codified at 15 U.S.C. 7001 et seq.). It is understood that a copy of the data associated with this authorization shall serve as an original authorization. This authorization expires 180 days from the date of execution.

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