



This form is used to obtain general information to determine your eligibility to pre-approve for a loan- Based upon income and asset information you provide us, as well as your credit report. It does not guarantee loan approval. Please complete all areas that apply, sign below and return by fax to us at 516-681-1383. Should you require assistance completing this form, please contact your Gold Coast Funding Inc. representative at 516-575-8000. your confidentiality is always ensured. We appreciate your business and referrals!

**APPLICANT/ INFORMATION**

Applicant(s) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_

Own  Rent  Monthly Payment or Rent: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address If less than 2 years at Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own  Rent  Monthly Payment or Rent: \_\_\_\_\_ How Long? \_\_\_\_\_

**EMPLOYMENT / INFORMATION**

Current Employer (2-year Minimum Required) \_\_\_\_\_ If Self-Employed Please Check Box

Employer Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly  Salary  (Please Check Box) Annual Income: \_\_\_\_\_

**SUBJECT PROPERTY / INFORMATION**

Estimated Home Value: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Loan Purpose: Purchase  Refinance  Other

Property Type: 1-4 Family  Co-op  Investment Property  Second Home

**CO-APPLICANT/ INFORMATION**

Applicant(s) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_

Own  Rent  Monthly Payment or Rent: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address If less than 2 years at Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own  Rent  Monthly Payment or Rent: \_\_\_\_\_ How Long? \_\_\_\_\_

**EMPLOYMENT / INFORMATION**

Current Employer (2-year Minimum Required) \_\_\_\_\_ If Self-Employed Please Check Box

Employer Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly  Salary  (Please Check Box) Annual Income: \_\_\_\_\_

**BANK/ INFORMATION**

Name of Bank: \_\_\_\_\_ Approximate Balance/ Value: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Approximate Balance/ Value: \_\_\_\_\_

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I / We state that the information provided is complete and accurate to the best of my / our knowledge. I / We authorize Gold Coast Funding Inc. to verify any of the above information and obtain my / our credit report.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_