



**Fax Repair Draw Request to Gold Quest Group: Fax 713-983-4623
Up to 3 Draws Allowed**

**Each Repair item Must Be 100% Complete Before
Draw For that Item is Released**

**If Property Repairs Are Not 100% Completed At Last Draw,
Final Repair Funds Will Not Be Released**

Repair Draw Request

Company Name: _____	Borrower Name: _____
Address: _____	City: _____ State: _____
Zip: _____	Phone: _____ Fax: _____

REPAIR FUNDS will be wired to Borrower (not to contractor performing repairs)	
Funds requested should be: wired _____ mailed _____ or picked up _____	
Bank name: _____	ABA No.: _____
Bank Address: _____	
Account Name: _____	Account Number: _____

PROPERTY LOCATION	
Address: _____	City/State/Zip: _____
Access to property instructions: _____	
Date Property is to be inspected: _____	

LIST OF REPAIRS TO BE PAID - EACH REPAIR ITEM MUST BE 100% COMPLETE	
Description of Repairs	Scheduled Cost
1	
2	
3	
4	
5	
6	
7	
8	
TOTAL DRAW AMOUNT	
LESS DRAW INSPECTION FEE (charged for each Draw Inspection)	
LESS OTHER FEE(S) (describe)	
NET DRAW AMOUNT	

<i>Office Use Only</i> Repair Complete (Y/N) Amount Approved
Inspector Initials
Date of Inspection
% House Is Complete

*I certify the above listed repairs will be completed in a safe, sound and sanitary manner prior to inspection.
I authorize GQG to deduct my upcoming monthly interim payment(s) and/or any Past Due Amounts from my
Repair Draw funds if the Repair Draw Request is submitted on, or after, the 20th of this month.*

Signed _____

Date _____