

APPRAISAL REQUEST FORM

CLIENT/LENDER INFO:

| | | | |
|--|--|----------|--|
| CLIENT NAME: | | DATE: | |
| CLIENT ADDRESS: | | PHONE 1: | |
| | | PHONE 2: | |
| CONTACT NAME: | | FAX: | |
| EMAIL ADDRESS: | | | |
| LENDER'S NAME: <small>(if different than above)</small> | | | |
| LENDER'S ADDRESS: | | | |
| | | | |

BORROWER'S NAME:

| | |
|-----------------------------------|--------------|
| BORROWER'S NAME: | |
| OWNER OF PROPERTY: | |
| PROPERTY ADDRESS TO BE APPRAISED: | |
| | |
| MUNICIPALITY & COUNTY: | |
| CONTACT FOR ACCESS TO PROPERTY: | |
| | PHONE: _____ |

PROPERTY TYPE: (CIRCLE ONE) SINGLE FAMILY HM CONDO PUD MULTI-FAMILY VACANT LAND NEW CONSTRUCTION

PURPOSE: PURCHASE___ REFINANCE___ ESTATE___ MARKETING PURPOSES___ DIVORCE___ OTHER_____

SALES PRICE: _____ **LISTING AGENT:** _____ **PHONE:** _____ **LOCKBOX:** Y___ N___

LOAN TYPE: ___ CONVENTIONAL ___ VA ___ FHA CASE # _____

WHO HAS COPY OF SALES AGREEMENT? _____ **PHONE:** _____

FORM REQUIRED: (CIRCLE ONE)
NEW FANNIE MAE FORMS (3/05)

*1004 URAR
 *1004 URAR WITH FHA
 1004C MANUFACTURED HOME
 1004D UPDATE/COMPLETION REPORT
 *1025 SMALL RESIDENTIAL INCOME PROPERTY
 *1025 SMALL RESIDENTIAL INCOME PROPERTY WITH FHA
 1073 CONDO (INT./EXT.)
 1075 CONDO (EXT. ONLY)
 2000 FIELD REVIEW – 1 UNIT
 2000A FIELD REVIEW – 2 TO 4 UNIT
 *2055 (EXT. ONLY)
 2090 COOP ((INT./EXT.)
 2095 COOP (EXT. ONLY)
 (* = COST APPROACH – ADDITIONAL FEE)

STANDARD FORMS

1004 URAR (6/93)
 1025 SMALL RESIDENTIAL INCOME PROP. (10/94)
 1073 CONDO (INT./EXT.) (10/94)
 2055 (INT./EXT.) (9/96)
 2055 (EXT. ONLY) (9/96)
 2070 (EXT. ONLY) (11/97)
 2075 (EXT. ONLY) (11/97)
 DESK REVIEW
 EMPLOYEE RELOCATION
 FIELD REVIEW
 REO WITH PHOTOS
 REO WITH REO ADDENDUM AND PHOTOS
 VACANT LAND

ADDITIONAL FORMS AND REPORTS

1007 SINGLE FAMILY RENT SCHEDULE
 92051 CIR FHA COMPLIANCE
 INSPECTION REPORT
 OPERATING INCOME STATEMENT
 USDA RURAL DEVELOPMENT/
 THERMAL INSPECTION

EXTRA FORMS

INTERIOR PHOTOS

BILLING/PAYMENT INFO:

| | | |
|--------------------|---|--|
| METHOD OF PAYMENT: | INVOICE CLIENT/LENDER \$ _____ C.O.D. \$ _____ | |
| | VISA/MC CREDIT CARD AMOUNT: \$ _____ | |
| | NAME OF CARDHOLDER: _____ | |
| | V/MC CARD NUMBER: _____ | |
| | ZIP CODE ON STATEMENT: _____ EXP. DATE: _____ CV2 CODE: (on back) _____ | |

SHIPPING INFO:

APPRAISAL DELIVERY: ___ REGULAR MAIL ___ ELECTRONIC – TO ABOVE ADDRESS ___ PICK-UP

SPECIAL INSTRUCTIONS: _____

- INCLUDE ANY DOCUMENTS THAT MIGHT HELP US PROCESS THIS REQUEST MORE PROMPTLY, SUCH AS DEED, SURVEY, SALES AGREEMENT, ETC.
- A SERVICE CHARGE OF \$20.00 IS COLLECTED ON EACH NON-SUFFICIENT FUNDS CHECK RETURNED UNPAID BY THE BANK UPON WHICH IT WAS DRAWN.
- INVOICED AMOUNTS ARE DUE UPON RECEIPT; HOWEVER, ANY AMOUNT OF AN INVOICE NOT PAID PAST 30 DAYS FROM THE DATE OF THE INVOICE DUE DATE SHALL BEAR AN ADDITIONAL 1.5% MONTHLY LATE CHARGE, AS PERMISSABLE UNDER APPLICABLE STATE LAW.