

UNIFORM RESIDENTIAL APPRAISAL REPORT

Property Description

File No. _____

Property Address _____	City _____	State _____	Zip Code _____
Legal Description _____		County _____	
Assessor's Parcel No. _____	Tax Year _____	R.E. Taxes \$ _____	Special Assessments \$ _____
Borrower _____		Current Owner _____	
Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant			
Property rights appraised <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold	Project Type <input type="checkbox"/> PUD <input type="checkbox"/> Condominium (HUD/VA only)	HOA\$ _____	/Mo. _____
Neighborhood or Project Name _____		Map Reference _____	
Census Tract _____			
Sale Price \$ _____	Date of Sale _____	Description and \$ amount of loan charges/concessions to be paid by seller _____	
Lender/Client _____		Address _____	
Appraiser _____		Address _____	

Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural	Predominant occupancy	Single family housing PRICE \$ (000) _____ AGE (yrs) _____ Low _____ High _____ Predominant _____	Present land use %	Land use change
Built up	<input type="checkbox"/> Over 75%	<input type="checkbox"/> 25-75%	<input type="checkbox"/> Under 25%				
Growth rate	<input type="checkbox"/> Rapid	<input type="checkbox"/> Stable	<input type="checkbox"/> Slow	<input type="checkbox"/> Owner		One family _____	<input type="checkbox"/> Not likely <input type="checkbox"/> Likely
Property values	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Declining	<input type="checkbox"/> Tenant		2-4 family _____	<input type="checkbox"/> In process
Demand/supply	<input type="checkbox"/> Shortage	<input type="checkbox"/> In balance	<input type="checkbox"/> Over supply	<input type="checkbox"/> Vacant (0-5%)		Multi-family _____	To: _____
Marketing time	<input type="checkbox"/> Under 3 mos.	<input type="checkbox"/> 3-6 mos.	<input type="checkbox"/> Over 6 mos.	<input type="checkbox"/> Vacant (over 5%)		Commercial _____	

Note: Race and the racial composition of the neighborhood are not appraisal factors.

Neighborhood boundaries and characteristics: _____

Factors that affect the marketability of the properties in the neighborhood (proximity to employment and amenities, employment stability, appeal to market, etc.): _____

Market conditions in the subject neighborhood (including support for the above conclusions related to the trend of property values, demand/supply, and marketing time - - such as data on competitive properties for sale in the neighborhood, description of the prevalence of sales and financing concessions, etc.): _____

Project Information for PUDs (If applicable) - - Is the developer/builder in control of the Home Owners' Association (HOA)? YES NO

Approximate total number of units in the subject project _____ . Approximate total number of units for sale in the subject project _____ .

Describe common elements and recreational facilities: _____

Dimensions _____ Site area _____ Corner Lot <input type="checkbox"/> Yes <input type="checkbox"/> No Specific zoning classification and description _____ Zoning compliance <input type="checkbox"/> Legal <input type="checkbox"/> Legal nonconforming (Grandfathered use) <input type="checkbox"/> Illegal <input type="checkbox"/> No zoning Highest & best use as improved: <input type="checkbox"/> Present use <input type="checkbox"/> Other use (explain) _____	Topography _____ Size _____ Shape _____ Drainage _____ View _____ Landscaping _____ Driveway Surface _____ Apparent easements _____ FEMA Special Flood Hazard Area <input type="checkbox"/> Yes <input type="checkbox"/> No FEMA Zone _____ Map Date _____ FEMA Map No. _____																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Utilities</th> <th>Public</th> <th>Other</th> <th>Off-site Improvements</th> <th>Type</th> <th>Public</th> <th>Private</th> </tr> <tr> <td>Electricity</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Street</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gas</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Curb/gutter</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Sidewalk</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sanitary sewer</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Street lights</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Storm sewer</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Alley</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Utilities	Public	Other	Off-site Improvements	Type	Public	Private	Electricity	<input type="checkbox"/>	_____	Street	_____	<input type="checkbox"/>	<input type="checkbox"/>	Gas	<input type="checkbox"/>	_____	Curb/gutter	_____	<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	_____	Sidewalk	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary sewer	<input type="checkbox"/>	_____	Street lights	_____	<input type="checkbox"/>	<input type="checkbox"/>	Storm sewer	<input type="checkbox"/>	_____	Alley	_____	<input type="checkbox"/>	<input type="checkbox"/>	Comments (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning, use, etc.): _____ _____ _____
Utilities	Public	Other	Off-site Improvements	Type	Public	Private																																					
Electricity	<input type="checkbox"/>	_____	Street	_____	<input type="checkbox"/>	<input type="checkbox"/>																																					
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GENERAL DESCRIPTION		EXTERIOR DESCRIPTION				FOUNDATION			BASEMENT			INSULATION	
No. of Units	_____	Foundation	_____	Slab	_____	Area Sq.Ft.	_____	Roof	_____	<input type="checkbox"/>			
No. of Stories	_____	Exterior Walls	_____	Crawl Space	_____	% Finished	_____	Ceiling	_____	<input type="checkbox"/>			
Type (Det./Att.)	_____	Roof Surface	_____	Basement	_____	Ceiling	_____	Walls	_____	<input type="checkbox"/>			
Design (Style)	_____	Gutters & Dwnspts.	_____	Sump Pump	_____	Walls	_____	Floor	_____	<input type="checkbox"/>			
Existing/Proposed	_____	Window Type	_____	Dampness	_____	Floor	_____	None	_____	<input type="checkbox"/>			
Age (Yrs.)	_____	Storm/Screens	_____	Settlement	_____	Outside Entry	_____	Unknown	_____	<input type="checkbox"/>			
Effective Age (Yrs.)	_____	Manufactured House	_____	Infestation	_____								
ROOMS	Foyer	Living	Dining	Kitchen	Den	Family Rm.	Rec. Rm.	Bedrooms	# Baths	Laundry	Other	Area Sq.Ft.	
Basement													
Level 1													
Level 2													

DESCRIPTOR		Rooms;		Bedroom(s);		Bath(s);		Square Feet of Gross Living Area	
INTERIOR	Materials/Condition	HEATING	Type _____	KITCHEN EQUIP.	Refrigerator <input type="checkbox"/>	ATTIC	None <input type="checkbox"/>	AMENITIES	Fireplace(s) # _____ <input type="checkbox"/>
Floors	_____	Fuel	_____	Range/Oven	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	Patio	_____ <input type="checkbox"/>
Walls	_____	Condition	_____	Disposal	<input type="checkbox"/>	Drop Stair	<input type="checkbox"/>	Deck	_____ <input type="checkbox"/>
Trim/Finish	_____	COOLING	Central _____	Dishwasher	<input type="checkbox"/>	Scuttle	<input type="checkbox"/>	Porch	_____ <input type="checkbox"/>
Bath Floor	_____	Other	_____	Fan/Hood	<input type="checkbox"/>	Floor	<input type="checkbox"/>	Fence	_____ <input type="checkbox"/>
Bath Wainscot	_____	Condition	_____	Microwave	<input type="checkbox"/>	Heated	<input type="checkbox"/>	Pool	_____ <input type="checkbox"/>
Doors	_____			Washer/Dryer	<input type="checkbox"/>	Finished	<input type="checkbox"/>		

Additional features (special energy efficient items, etc.): _____

Condition of the improvements, depreciation (physical, functional, and external), repairs needed, quality of construction, remodeling/additions, etc.: _____

Adverse environmental conditions (such as, but not limited to, hazardous wastes, toxic substances, etc.) present in the improvements, on the site, or in the immediate vicinity of the subject property: _____

UNIFORM RESIDENTIAL APPRAISAL REPORT

Valuation Section

File No. _____

COST APPROACH	ESTIMATED SITE VALUE = \$ _____				Comments on Cost Approach (such as, source of cost estimate, site value, square foot calculation and for HUD, VA and FmHA, the estimated remaining economic life of the property): _____ _____ _____ _____ _____ _____ _____
	ESTIMATED REPRODUCTION COST-NEW OF IMPROVEMENTS:				
	Dwelling _____ Sq. Ft. @ \$ _____ = \$ _____		_____ Sq. Ft. @ \$ _____ = _____		
	_____ Sq. Ft. @ \$ _____ = _____		_____		
	Garage/Carport _____ Sq. Ft. @ \$ _____ = _____		_____		
	Total Estimated Cost New = \$ _____				
	Less Physical _____		Functional _____		
	Depreciation _____		External _____ = \$ _____		
Depreciated Value of Improvements = \$ _____					
"As-is" Value of Site Improvements = \$ _____					
INDICATED VALUE BY COST APPROACH = \$ _____					

ITEM	SUBJECT	COMPARABLE NO. 1			COMPARABLE NO. 2			COMPARABLE NO. 3			
Address _____											
Proximity to Subject _____											
Sales Price \$ _____ \$ _____ \$ _____ \$ _____											
Price/Gross Liv. Area \$ _____ <input checked="" type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> \$ _____ <input checked="" type="checkbox"/>											
Data and/or Verification Sources _____											
VALUE ADJUSTMENTS											
		DESCRIPTION		DESCRIPTION		+ (-) \$ Adjustment		DESCRIPTION		+ (-) \$ Adjustment	
Sales or Financing Concessions		_____		_____		_____		_____		_____	
Date of Sale/Time		_____		_____		_____		_____		_____	
Location		_____		_____		_____		_____		_____	
Leasehold/Fee Simple		_____		_____		_____		_____		_____	
Site		_____		_____		_____		_____		_____	
View		_____		_____		_____		_____		_____	
Design and Appeal		_____		_____		_____		_____		_____	
Quality of Construction		_____		_____		_____		_____		_____	
Age		_____		_____		_____		_____		_____	
Condition		_____		_____		_____		_____		_____	
Above Grade		Total	Bdms	Baths	Total	Bdms	Baths	Total	Bdms	Baths	
Room Count		_____	_____	_____	_____	_____	_____	_____	_____	_____	
Gross Living Area		Sq.Ft.			Sq.Ft.			Sq.Ft.			
Basement & Finished Rooms Below Grade		_____			_____			_____			
Functional Utility		_____			_____			_____			
Heating/Cooling		_____			_____			_____			
Energy Efficient Items		_____			_____			_____			
Garage/Carport		_____			_____			_____			
Porch, Patio, Deck, Fireplace(s), etc.		_____			_____			_____			
Fence, Pool, etc.		_____			_____			_____			
Net Adj. (total)		_____ + _____ - _____ = \$ _____		_____ + _____ - _____ = \$ _____		_____ + _____ - _____ = \$ _____		_____ + _____ - _____ = \$ _____		_____ + _____ - _____ = \$ _____	
Adjusted Sales Price of Comparable		_____ \$			_____ \$			_____ \$			

Comments on Sales Comparison (including the subject property's compatibility to the neighborhood, etc.): _____

ITEM	SUBJECT	COMPARABLE NO. 1			COMPARABLE NO. 2			COMPARABLE NO. 3		
Date, Price and Data Source for prior sales within year of appraisal _____										
Analysis of any current agreement of sale, option, or listing of the subject property and analysis of any prior sales of subject and comparables within one year of the date of appraisal: _____										

INDICATED VALUE BY SALES COMPARISON APPROACH \$ _____

INDICATED VALUE BY INCOME APPROACH (If Applicable) Estimated Market Rent \$ _____ /Mo. x Gross Rent Multiplier _____ = \$ _____

This appraisal is made "as is" subject to the repairs, alterations, inspections or conditions listed below subject to completion per plans and specifications.

Conditions of Appraisal: _____

Final Reconciliation _____

The purpose of this appraisal is to estimate the market value of the real property that is the subject of this report, based on the above conditions and the certification, contingent and limiting conditions, and market value definition that are stated in the attached Freddie Mac Form 439/Fannie Mae Form 1004B (Revised _____).

I (WE) ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT, AS OF _____ (WHICH IS THE DATE OF INSPECTION AND THE EFFECTIVE DATE OF THIS REPORT) TO BE \$ _____.

APPRAISER: Signature _____ Name _____ Date Report Signed _____ State Certification # _____ State _____ Or State License # _____

SUPERVISORY APPRAISER (ONLY IF REQUIRED): Signature _____ Name _____ Date Report Signed _____ State Certification # _____ State _____ Or State License # _____

Did Inspect Property Did Not Inspect Property