

CURBSIDE INSPECTION REPORT

Case No. _____

File No. _____

Transaction No. _____

SUBJECT	APN: _____	Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Property Type: _____	Carport: _____
	Style: _____	Other Parking: _____
	Street Address: _____	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
	City: _____ State: _____ Zip: _____	Legal Description: _____

NEIGHBORHOOD	NBHD Information:		
	A. Property values indicator <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining	C. NBHD predominately single family dwellings <input type="checkbox"/> Yes <input type="checkbox"/> No*	E. Property deferred maintenance typical of NBHD <input type="checkbox"/> Yes <input type="checkbox"/> No*
	B. Marketing time indicator <input type="checkbox"/> 3 months or less <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> Over 6 months	D. Property typical of NBHD <input type="checkbox"/> Yes <input type="checkbox"/> No*	F. Inventory <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

AMENITIES/CONDITION	Subject Amenities/Condition Comments: (Please provide any significant negative/positive property characteristics):

ATYPICAL/ADVERSE PROPERTY INDICATORS	Atypical/Adverse Property Indicators:		
	A. Ineligible property (commercial, 2 or more units, mobile homes, non-residential, co-op, seasonal occupancy, primary use agricultural, etc.) Must send delay message 03, "No qualifying structure - request address verification." <input type="checkbox"/> Not single family residential <input type="checkbox"/> Not improved land <input type="checkbox"/> Other	E. Subject property condition* <input type="checkbox"/> Significant repairs needed <input type="checkbox"/> Atypical quality of construction <input type="checkbox"/> Atypical remodeling/additions <input type="checkbox"/> Subsidence <input type="checkbox"/> Special study zone <input type="checkbox"/> Pest Infestation	J. Typical sewer in the neighborhood is <input type="checkbox"/> Public <input type="checkbox"/> Private
	B. Neighborhood market conditions* <input type="checkbox"/> Adverse market conditions in subject neighborhood	F. Adverse environmental conditions* <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Toxic substances <input type="checkbox"/> Environmental problems	K. Sewer for the subject property is <input type="checkbox"/> Public <input type="checkbox"/> Private
	C. Site* <input type="checkbox"/> Adverse easement <input type="checkbox"/> Adverse encroachment <input type="checkbox"/> Adverse zoning	G. Miscellaneous* <input type="checkbox"/> Other <input type="checkbox"/> Utilities inadequate <input type="checkbox"/> Road maintenance required or questionable ingress/egress <input type="checkbox"/> Atypical offsite improvements	L. Typical roads for the neighborhood are <input type="checkbox"/> Public <input type="checkbox"/> Private
	D. Depreciation condition* <input type="checkbox"/> Atypical physical <input type="checkbox"/> Atypical functional <input type="checkbox"/> Atypical external	H. Typical water for neighborhood is <input type="checkbox"/> Public <input type="checkbox"/> Private	M. Roads for the subject property are <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unable to determine
	If present, must upgrade to URAR	I. Water for subject property is <input type="checkbox"/> Public <input type="checkbox"/> Private	N. Report subject to repairs/ completion <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS	

SIGNATURES	APPRAISER/REAL ESTATE PROFESSIONAL:		SUPERVISORY APPRAISER (ONLY IF REQUIRED):	
	Signature _____		Signature _____	
	Name _____		Name _____	
	Date Report Signed: _____		Date Report Signed: _____	
	State Certification # _____	State _____	State Certification # _____	State _____
	Or State License # _____	State _____	Or State License # _____	State _____