

UNIFORM RESIDENTIAL APPRAISAL REPORT

File No. _____

Property Description		City	State	Zip Code																																									
Property Address _____		Legal Description _____																																											
Assessor's Parcel No. _____		Tax Year	R.E. Taxes \$	Special Assessments \$																																									
SUBJECT	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 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 Property values <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining Demand/supply <input type="checkbox"/> Shortage <input type="checkbox"/> In balance <input type="checkbox"/> Over supply Marketing time <input type="checkbox"/> Under 3 mos. <input type="checkbox"/> 3-6 mos. <input type="checkbox"/> Over 6 mos.		Predominant occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant (0-5%) <input type="checkbox"/> Vac. (over 5%)		Single family housing PRICE \$(000) _____ AGE (yrs) _____ Low _____ High _____ Predominant	Present land use % One family _____ 2-4 family _____ Multi-family _____ Commercial _____	Land use change <input type="checkbox"/> Not likely <input type="checkbox"/> Likely <input type="checkbox"/> In process To: _____																																							
Note: Race and the racial composition of the neighborhood are not appraisal factors. Neighborhood boundaries and characteristics: _____																																													
NEIGHBORHOOD	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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____																																													
SITE	Dimensions _____		Topography _____																																										
	Site area _____ Corner Lot <input type="checkbox"/> Yes <input type="checkbox"/> No		Size _____																																										
	Specific zoning classification and description _____		Shape _____																																										
	Zoning compliance <input type="checkbox"/> Legal <input type="checkbox"/> Legal nonconforming (Grandfathered use) <input type="checkbox"/> Illegal <input type="checkbox"/> No zoning		Drainage _____																																										
Highest & best use as improved: <input type="checkbox"/> Present use <input type="checkbox"/> Other use (explain) _____		View _____																																											
<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"/>	Landscaping _____	
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"/>																																							
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Storm sewer	<input type="checkbox"/>	_____	Alley	_____	<input type="checkbox"/>	<input type="checkbox"/>																																							
		Driveway Surface _____																																											
		Apparent easements _____																																											
		FEMA Special Flood Hazard Area <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
		FEMA Zone _____ Map Date _____																																											
		FEMA Map No. _____																																											
Comments (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning use, etc.): _____																																													
DESCRIPTION OF IMPROVEMENTS	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																																													
Finished area above grade contains:		Rooms:		Bedroom(s):		Bath(s):		Square Feet of Gross Living Area																																					
INTERIOR		HEATING		KITCHEN EQUIP.		ATTIC		AMENITIES		CAR STORAGE:																																			
Materials/Condition _____		Type _____		Refrigerator <input type="checkbox"/>		None <input type="checkbox"/>		Fireplace(s) # _____		None <input type="checkbox"/>																																			
Floors _____		Fuel _____		Range/Oven <input type="checkbox"/>		Stairs <input type="checkbox"/>		Patio _____		Garage <input type="checkbox"/>																																			
Walls _____		Condition _____		Disposal <input type="checkbox"/>		Drop Stair <input type="checkbox"/>		Deck _____		Attached _____																																			
Trim/Finish _____		COOLING		Dishwasher <input type="checkbox"/>		Scuttle <input type="checkbox"/>		Porch _____		Detached _____																																			
Bath Floor _____		Central _____		Fan/Hood <input type="checkbox"/>		Floor _____		Fence _____		Built-In _____																																			
Bath Wainscot _____		Other _____		Microwave <input type="checkbox"/>		Heated <input type="checkbox"/>		Pool _____		Carport _____																																			
Doors _____		Condition _____		Washer/Dryer <input type="checkbox"/>		Finished <input type="checkbox"/>				Driveway _____																																			
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: _____																																													

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. @ \$ _____ = _____		
	_____ = _____		
	Garage/Carport _____ Sq. Ft. @ \$ _____ = _____		
	Total Estimated Cost New	= \$ _____	
	Less Physical Functional External		
	Depreciation _____ = \$ _____		
	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 Living Area		\$	\$	\$	\$	\$	\$		
Data and/or Verification Source									
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-)\$ Adjust.	DESCRIPTION	+(-)\$ Adjust.	DESCRIPTION	+(-)\$ Adjust.		
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	Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths
Room Count									
Gross Living Area	Sq. Ft.		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		Net %	Gross % \$		Net %	Gross % \$		Net %	Gross % \$

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 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 & 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/FNMA 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 Did Not Inspect Property