

# UNIFORM RESIDENTIAL APPRAISAL REPORT

File No. 0000023

## Property Description

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 <input type="checkbox"/>	Project Type <input type="checkbox"/> PUD <input type="checkbox"/> Condominium (HUD/VA only) <input type="checkbox"/>
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 _____	

SUBJECT

Location <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	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) _____	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: _____
Built up <input type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%		Low _____ High _____		
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.				

NEIGHBORHOOD

**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.): \_\_\_\_\_

PUD

**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: \_\_\_\_\_

SITE

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"/>	
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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 _____	No. of Stories _____	Foundation _____	Exterior Walls _____	Roof Surface _____	Gutters & Dwnspts. _____	Window Type _____	Storm/Screens _____	Manufactured House _____	Slab _____	Crawl Space _____	Basement _____	Sump Pump _____	Dampness _____	Settlement _____	Infestation _____	Area Sq. Ft. _____	% Finished _____	Ceiling _____	Walls _____	Floor _____	None _____	Unknown _____		
Type (Det./Att.) _____	Design (Style) _____	Existing/Proposed _____	Age (Yrs.) _____	Effective Age (Yrs.) _____																				
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:												
Floors _____	Materials/Condition _____	Type _____	Fuel _____	Condition _____	Refrigerator <input type="checkbox"/>	None <input type="checkbox"/>	Stairs <input type="checkbox"/>	Drop Stair <input type="checkbox"/>	Scuttle <input type="checkbox"/>	Floor <input type="checkbox"/>	Heated <input type="checkbox"/>	Pool <input type="checkbox"/>	Fireplace(s) # _____ <input type="checkbox"/>	Patio _____ <input type="checkbox"/>	Deck _____ <input type="checkbox"/>	Porch _____ <input type="checkbox"/>	Fence _____ <input type="checkbox"/>	None <input type="checkbox"/>	Garage _____	Attached _____	Detached _____	Built-In _____	Carport _____	Driveway _____
Walls _____					Range/Oven <input type="checkbox"/>																			
Trim/Finish _____					Disposal <input type="checkbox"/>																			
Bath Floor _____					Dishwasher <input type="checkbox"/>																			
Bath Wainscot _____					Fan/Hood <input type="checkbox"/>																			
Doors _____					Microwave <input type="checkbox"/>																			
					Washer/Dryer <input type="checkbox"/>																			

COMMENTS

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.: \_\_\_\_\_

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Valuation Section

COST APPROACH
ESTIMATED SITE VALUE = \$
ESTIMATED REPRODUCTION COST-NEW-OF IMPROVEMENTS:
Dwelling 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 = \$

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):

SALES COMPARISON ANALYSIS
Table with columns: ITEM, SUBJECT, COMPARABLE NO. 1, COMPARABLE NO. 2, COMPARABLE NO. 3. Rows include: Address, Proximity to Subject, Sales Price, Price/Gross Living Area, VALUE ADJUSTMENTS, Room Count, Gross Living Area, etc.

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

Table with columns: ITEM, SUBJECT, COMPARABLE NO. 1, COMPARABLE NO. 2, COMPARABLE NO. 3. Row: Date, Price and Data Source, for prior sales within year 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:

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: SUPERVISORY APPRAISER (ONLY IF REQUIRED):
Signature Name [ ] Did [ ] Did Not Inspect Property
Date Report Signed Date Report Signed
State Certification # State State Certification # State
Or State License # State Or State License # State