

RESIDENTIAL APPRAISAL SUMMARY REPORT

File No.:

SUBJECT	Property Address: _____		City: _____		State: _____		Zip Code: _____																																																							
	County: _____			Legal Description: _____																																																										
	Tax Year: _____			R.E. Taxes: \$ _____		Special Assessments: \$ _____		Assessor's Parcel #: _____																																																						
	Current Owner of Record: _____			Borrower (if applicable): _____					Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Manufactured Housing																																																					
	Project Type: <input type="checkbox"/> PUD <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (describe) _____			HOA: \$ _____		<input type="checkbox"/> per year <input type="checkbox"/> per month																																																								
ASSIGNMENT	Market Area Name: _____ Map Reference: _____ Census Tract: _____																																																													
	The purpose of this appraisal is to develop an opinion of: <input type="checkbox"/> Market Value (as defined), or <input type="checkbox"/> other type of value (describe) _____																																																													
	This report reflects the following value (if not Current, see comments): <input type="checkbox"/> Current (the Inspection Date is the Effective Date) <input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective																																																													
	Approaches developed for this appraisal: <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach (See Reconciliation Comments and Scope of Work)																																																													
	Property Rights Appraised: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Leased Fee <input type="checkbox"/> Other (describe) _____																																																													
MARKET AREA DESCRIPTION	Intended Use: _____																																																													
	Intended User(s) (by name or type): _____																																																													
	Client: _____				Address: _____																																																									
	Appraiser: _____				Address: _____																																																									
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Market Area Boundaries, Description, and Market Conditions (including support for the above characteristics and trends): _____																																																														
SITE DESCRIPTION	Dimensions: _____ Site Area: _____																																																													
	Zoning Classification: _____				Description: _____																																																									
	Zoning Compliance: <input type="checkbox"/> Legal <input type="checkbox"/> Legal nonconforming (grandfathered) <input type="checkbox"/> Illegal <input type="checkbox"/> No zoning				Are CC&Rs applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																									
	Have the documents been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Ground Rent (if applicable) \$ _____ / _____																																																									
	Highest & Best Use as improved: <input type="checkbox"/> Present use, or <input type="checkbox"/> Other use (explain) _____																																																													
IMPROVEMENTS	Actual Use as of Effective Date: _____ Use as appraised in this report: _____																																																													
	Summary of Highest & Best Use: _____																																																													
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Other site elements: <input type="checkbox"/> Inside Lot <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Other (describe) _____																																																														
FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input type="checkbox"/> No		FEMA Flood Zone _____		FEMA Map # _____		FEMA Map Date _____																																																								
Site Comments: _____																																																														
General Description		Exterior Description		Foundation		Basement <input type="checkbox"/> None		Heating																																																						
# of Units _____ <input type="checkbox"/> Acc. Unit		Foundation _____		Slab _____		Area Sq. Ft. _____		Type _____																																																						
# of Stories _____		Exterior Walls _____		Crawl Space _____		% Finished _____		Fuel _____																																																						
Type <input type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/> _____		Roof Surface _____		Basement _____		Ceiling _____																																																								
Design (Style) _____		Gutters & Dwnspts. _____		Sump Pump <input type="checkbox"/>		Walls _____		Cooling																																																						
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Und.Cons.		Window Type _____		Dampness <input type="checkbox"/>		Floor _____		Central _____																																																						
Actual Age (Yrs.) _____		Storm/Screens _____		Settlement _____		Outside Entry _____		Other _____																																																						
Effective Age (Yrs.) _____				Infestation _____																																																										

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DESCRIPTION OF IMPROVEMENTS (continued)	Interior Description	Appliances	Attic <input type="checkbox"/> None	Amenities	Car Storage <input type="checkbox"/> None
	Floors _____	Refrigerator <input type="checkbox"/>	Stairs <input type="checkbox"/>	Fireplace(s) # _____	Woodstove(s) # _____
	Walls _____	Range/Oven <input type="checkbox"/>	Drop Stair <input type="checkbox"/>	Patio _____	Garage # of cars (Tot.) _____
	Trim/Finish _____	Disposal <input type="checkbox"/>	Scuttle <input type="checkbox"/>	Deck _____	Attach. _____
	Bath Floor _____	Dishwasher <input type="checkbox"/>	Doorway <input type="checkbox"/>	Porch _____	Detach. _____
	Bath Wainscot _____	Fan/Hood <input type="checkbox"/>	Floor <input type="checkbox"/>	Fence _____	Blt.-In _____
	Doors _____	Microwave <input type="checkbox"/>	Heated <input type="checkbox"/>	Pool _____	Carport _____
	Washer/Dryer <input type="checkbox"/>	Finished <input type="checkbox"/>		Driveway _____	Surface _____

Finished area **above** grade contains: Rooms Bedrooms Bath(s) Square Feet of Gross Living Area Above Grade

Additional features: _____

Describe the condition of the property (including physical, functional and external obsolescence): _____

SALES COMPARISON APPROACH TO VALUE (if developed) The Sales Comparison Approach was not developed for this appraisal.

FEATURE	SUBJECT	COMPARABLE SALE # 1			COMPARABLE SALE # 2			COMPARABLE SALE # 3					
Address													
Proximity to Subject													
Sale Price	\$		\$		\$		\$		\$				
Sale Price/GLA	\$	/sq.ft.	\$	/sq.ft.	\$	/sq.ft.	\$	/sq.ft.	\$	/sq.ft.			
Data Source(s)													
Verification Source(s)													
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-) \$ Adjust.	DESCRIPTION	+(-) \$ Adjust.	DESCRIPTION	+(-) \$ Adjust.	DESCRIPTION	+(-) \$ Adjust.	DESCRIPTION	+(-) \$ Adjust.		
Sales or Financing													
Concessions													
Date of Sale/Time													
Rights Appraised													
Location													
Site													
View													
Design (Style)													
Quality of Construction													
Age													
Condition													
Above Grade	Total	Bdrms	Baths	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													
Net Adjustment (Total)				<input type="checkbox"/> + <input type="checkbox"/> -	\$			<input type="checkbox"/> + <input type="checkbox"/> -	\$			<input type="checkbox"/> + <input type="checkbox"/> -	\$
Adjusted Sale Price				Net	%			Net	%			Net	%
of Comparables				Gross	%	\$		Gross	%	\$		Gross	%



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INCOME APPROACH	INCOME APPROACH TO VALUE (if developed) <input checked="" type="checkbox"/> The Income Approach was not developed for this appraisal.		
	Estimated Monthly Market Rent \$	X Gross Rent Multiplier	= \$
	Indicated Value by Income Approach		
	Summary of Income Approach (including support for market rent and GRM):		

PUD	PROJECT INFORMATION FOR PUDs (if applicable) <input type="checkbox"/> The Subject is part of a Planned Unit Development.
	Legal Name of Project:
	Describe common elements and recreational facilities:

RECONCILIATION	Indicated Value by: Sales Comparison Approach \$ Cost Approach (if developed) \$ Income Approach (if developed) \$
	Final Reconciliation

This appraisal is made "as is", subject to completion per plans and specifications on the basis of a Hypothetical Condition that the improvements have been completed, subject to the following repairs or alterations on the basis of a Hypothetical Condition that the repairs or alterations have been completed, subject to the following required inspection based on the Extraordinary Assumption that the condition or deficiency does not require alteration or repair:

This report is also subject to other Hypothetical Conditions and/or Extraordinary Assumptions as specified in the attached addenda.

Based on the degree of inspection of the subject property, as indicated below, defined Scope of Work, Statement of Assumptions and Limiting Conditions, and Appraiser's Certifications, my (our) Opinion of the Market Value (or other specified value type), as defined herein, of the real property that is the subject of this report is: \$ _____, as of: _____, which is the effective date of this appraisal. If indicated above, this Opinion of Value is subject to Hypothetical Conditions and/or Extraordinary Assumptions included in this report. See attached addenda.

Appraiser Inspection of Subject: <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None	Co-Appraiser Inspection of Subject: <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None
Date of Inspection:	Date of Inspection:

A true and complete copy of this report contains _____ pages, including exhibits which are considered an integral part of the report. This appraisal report may not be properly understood without reference to the information contained in the complete report.

Attached Exhibits:

<input type="checkbox"/> Scope of Work	<input type="checkbox"/> Limiting Cond./Certifications	<input type="checkbox"/> Narrative Addendum	<input type="checkbox"/> Photograph Addenda	<input type="checkbox"/> Sketch Addendum
<input type="checkbox"/> Map Addenda	<input type="checkbox"/> Additional Sales	<input type="checkbox"/> Cost Addendum	<input type="checkbox"/> Flood Addendum	<input type="checkbox"/> Manuf. House Addendum
<input type="checkbox"/> Hypothetical Conditions	<input type="checkbox"/> Extraordinary Assumptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS	