

AMERICAL APPRAISALS - APPRAISAL REQUEST / COMPARABLE REQUEST
(PLEASE CIRCLE REQUEST TYPE)

LENDER INFORMATION

ORDER DATE: _____ DUE DATE: _____ LENDER LOAN NUMBER: _____
SALE: ___ SALE PRICE: \$ _____ REFINANCE: ___ ESTIMATED VALUE: \$ _____ LOAN AMT: _____
LENDER: _____ LENDER CONTACT: _____
LENDER ADDRESS: _____
LENDER CITY: _____ ZIP CODE: _____
LENDER PHONE NUMBER: _____ FAX NUMBER _____
LENDER EMAIL FOR COMPLETED APPRAISAL: _____

SUBJECT INFORMATION

BORROWER NAME: _____ OWNER NAME: _____
SUBJECT ADDRESS: _____
SUBJECT CITY: _____ COUNTY: _____ ZIP CODE _____
PROPERTY TYPE: SFR ___ DETACHED ___ ATTACHED ___ CONDO ___ PUD ___ DUPLEX/NUMBER OF UNITS ___
OCCUPANCY STATUS: PRIMARY RESIDENCE ___ SECOND HOME ___ INVESTMENT PROPERTY ___
TYPE OF LOAN: CONVENTIONAL ___ FHA ___ VA ___ POSITION: FIRST MORTGAGE ___ SECOND MORTGAGE ___

APPRAISAL ENTRY CONTACT PHONE NUMBERS

SUBJECT OWNER PHONE: HOME: _____ BUSINESS: _____ CELL: _____
REAL ESTATE OFFICE OR OTHER CONTACT NAME: _____ PHONE: _____
PAYMENT METHOD: COD: ___ CHECK: ___ CASH: ___ CREDIT CARD: ___ VISA ___ MASTER CARD ___ OTHER: ___

IF NEWER CONSTRUCTION PROVIDE THE FOLLOWING

APN #: _____ LOT #: _____ TRACT #: _____ BUILDER NAME: _____
BUILDER PHONE: _____ BUILDER WEB SITE: _____

SUBJECT DETAILS NECESSARY TO VERIFY PUBLIC RECORDS

TOTAL LIVING AREA: _____ LOT SIZE: _____ STORIES: _____ BEDROOMS: _____ BATHS: _____ DEN: _____
FAMILY ROOM: _____ BONUS ROOM: _____ POOL: _____ SPA: _____ HOT TUB: _____ SAUNA: _____
STEAM ROOM: _____ SKYLIGHTS: _____ GARDEN WINDOWS: _____ TENNIS COURT: _____ OTHER: _____

HOMEOWNERS ASSOCIATION

NAME OF HOA: _____ MONTHLY DUES: \$ _____
MANAGEMENT COMPANY: _____ CONTACT: _____ PHONE: _____

PLEASE FAX BACK TO AMERICAL APPRAISALS: 626-609-4000
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