

Summary Appraisal Report  
Property Description

UNIFORM RESIDENTIAL APPRAISAL REPORT

File No.

Property Address	City	State	Zip Code
Legal Description	County		
Assessor's Parcel No.	Tax Year	R.E. Taxes \$	Special Assessments \$
Borrower	Current Owner	Occupant:	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/>
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	<b>Predominant occupancy</b>	<b>Single family housing</b> PRICE \$ (000) _____ AGE (yrs) _____	<b>Present land use %</b>	<b>Land use change</b>
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	<input type="checkbox"/> Owner	Low _____	One family _____	<input type="checkbox"/> Not likely <input type="checkbox"/> Likely
Property values <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining	<input type="checkbox"/> Tenant	High _____	2-4 family _____	<input type="checkbox"/> In process
Demand/supply <input type="checkbox"/> Shortage <input type="checkbox"/> In balance <input type="checkbox"/> Over supply	<input type="checkbox"/> Vacant (0-5%)	Predominant	Multi-family _____	To: _____
Marketing time <input type="checkbox"/> Under 3 mos. <input type="checkbox"/> 3-6 mos. <input type="checkbox"/> Over 6 mos.	<input type="checkbox"/> Vac. (over 5%)		Commercial _____	

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.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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 _____
<b>Utilities</b>	<b>Off-site Improvements</b>
Electricity <input type="checkbox"/> Public <input type="checkbox"/> Other _____	Street _____ Type _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gas _____	Curb/gutter _____
Water _____	Sidewalk _____
Sanitary sewer _____	Street lights _____
Storm sewer _____	Alley _____
	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. _____

Comments (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning use, etc.): \_\_\_\_\_

<b>GENERAL DESCRIPTION</b>	<b>EXTERIOR DESCRIPTION</b>	<b>FOUNDATION</b>	<b>BASEMENT</b>	<b>INSULATION</b>
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 & Dwnspits. _____	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
<b>INTERIOR</b>	<b>HEATING</b>	<b>KITCHEN EQUIP.</b>	<b>ATTIC</b>	<b>AMENITIES</b>
Floors _____	Type _____	Refrigerator <input type="checkbox"/>	None <input type="checkbox"/>	Fireplace(s) # _____
Walls _____	Fuel _____	Range/Oven <input type="checkbox"/>	Stairs <input type="checkbox"/>	Patio _____
Trim/Finish _____	Condition _____	Disposal <input type="checkbox"/>	Drop Stair <input type="checkbox"/>	Deck _____
Bath Floor _____	<b>COOLING</b>	Dishwasher <input type="checkbox"/>	Scuttle <input type="checkbox"/>	Porch _____
Bath Wainscot _____	Central _____	Fan/Hood <input type="checkbox"/>	Floor _____	Fence _____
Doors _____	Other _____	Microwave <input type="checkbox"/>	Heated <input type="checkbox"/>	Pool _____
	Condition _____	Washer/Dryer <input type="checkbox"/>	Finished <input type="checkbox"/>	
				<b>CAR STORAGE:</b>
				None <input type="checkbox"/>
				Garage _____ # of cars
				Attached _____
				Detached _____
				Built-In _____
				Carport _____
				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 ..... = \$ _____		
<b>INDICATED VALUE BY COST APPROACH</b> ..... = \$ _____		

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		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 David W. Bain Date Report Signed \_\_\_\_\_ State Certification # TX-1321501-R State Texas Or State License # \_\_\_\_\_

**SUPERVISORY APPRAISER (ONLY IF REQUIRED):** Signature \_\_\_\_\_ Name \_\_\_\_\_ Date Report Signed \_\_\_\_\_ State Certification # \_\_\_\_\_ State \_\_\_\_\_ Or State License # \_\_\_\_\_

Did  Did Not Inspect Property