



APPRAISAL REQUEST & AUTHORIZATION

Requested By: _____ Issue Date: _____
Company Name: _____
Company Address: _____
Telephone: _____ Requestor's E-mail: _____
Loan #: _____ Borrower's Phone #: _____
Borrower Name: _____
Subject Address: _____
Loan Type: [] Conventional [] FHA (Case # _____)
Property Type: [] SFR [] 2 Units [] 3 Units [] 4 Units [] Condo [] PUD
Occupancy Type: [] Owner [] Non-Owner (need 1007 & 216) [] 2ND Home
Transaction Type: [] Purchase [] Refinance [] 30% Equity Verify
Sales Price / Estimated Value: _____
Contact for Entry: _____ Phone #: _____
Notes: _____

APPRAISAL SERVICES & FEES

Conv. - SFR (FNMA 1004) / Condo (FNMA 1073) [] \$500 FHA - SFR (FNMA 1004) / Condo (FNMA 1073) [] \$550
Conv. Multi Family (FNMA 1025) [] \$775 FHA Multi Family (FNMA 1025) [] \$800
Comparable Rent Schedule (1007) [] \$125 1004D Final Inspection [] \$150
Operating Income Statement (216) [] \$125 Field Review [] \$450
Exterior Only (FNMA 2055/1075) [] \$400 Desk Review [] \$250

* NOTE: All reports come with FNMA 1004MC where applicable.
* NOTE: Multi-family reports come with operating income statement (216).
* NOTE: \$150 fee for rush orders
Please call or email for a quote on complex properties (values in excess of \$1M, acreage, etc.)

METHOD OF PAYMENT

[] AMEX [] Mastercard [] Visa [] Discover
Cardholder's Name: _____
Credit Card Number: _____
Expiration Date: _____ CVV Security Code: _____
Billing Address Zip Code: _____ Phone Number: _____
Amount Authorized: _____ Acct. Holder's Email: _____

I hereby authorize the above credit card to be processed by Valu8tor Management Group for services of which I have requested from my broker/lender. I agree that I will pay for such services requested and indemnify and hold lender and AMC harmless against any liability pursuant to this authorization. Please visit https://www.valu8tormg.com/refund-cancellation-policies for information regarding refunds. Incorrect information provided on this form will delay processing of appraisal request All appraisal reports are subject to an appraisal quality control review by an independent appraisal review company prior to full collateral acceptance.

Authorization Signature: _____ Date: _____