



74 Alden Ave.
 Revere, MA 02151

Office (781) 284-1911
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APPRAISAL REQUEST FORM

FROM

Processor/Originator: _____

Name of Company: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

APPLICANT INFORMATION

Name: _____

Address (Street): _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

ORDER DATE _____

FOR SALE LISTING AGENT

Name: _____

Office Phone: _____

Cell Phone: _____

PROPERTY TYPE (check one)

- SF – Single Family
- MF – Multi Family
- CC – Condo _____ # of Units

Work Phone: _____

MORTGAGE INFORMATION (check one for each section)

Occupancy Status

- Primary Residence
- Second Home
- Investment Property

Type of Loan

- Conventional
- FHA
- VA
- USDA/Rural Housing Service

Lein Position

- First Mortgage
- Second Mortgage

Loan Purpose

- Purchase
- REF1
- REF1/Cash-Out

PROPERTY ADDRESS

Street: _____

City/State/Zip: _____

Selling Price: \$ _____

Owner's Value: \$ _____

Loan Amount: \$ _____

TYPE OF APPRAISAL (check one)

- 1044 Full
- 1025 Multi-Family
- 2055 Interior
- 2055 Exterior
- 422 Final Inspection/Satisfactory Completion
- FHA Appraisal
- 1007/216 Rent Survey

PAYMENT TYPE

- Bill Us
- C.O.D.
- Credit Card (MasterCard, Visa, AmEx, Discover)
 Call us with your CC information, or pay online at
<http://www.atlanticappraisal.net/creditcard.htm>

COMMENTS

FAX TO (781) 284-0963