

Affinity Valuation Group, LLC

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PLEASE PRINT LEGIBLY

APPRAISAL ORDER FORM

Lender/Client Name: _____

Lender/Client Phone: _____

Loan Officer/Processor Name: _____ Phone: _____

E-Mail: _____

Client Address _____

City: _____ State: _____ Zip: _____

Applicant /Borrower's Name(s) _____

Client/Lender's File # _____

Address to Appraise: _____

City: _____ County: _____ State: _____ ZIP: _____

Owner's Name: _____

Legal Description: _____

(If available, please fax or email a copy of title, survey, tax code number, copy of tax bill, etc. If a purchase, purchase agreement is required.)

PROPERTY ACCESS INFORMATION:

Primary Contact Name: _____ Phone: _____

Owner Agent Tenant Other _____ Home Work Cell

Primary Contact Email: _____

Secondary Contact Name: _____ Phone: _____

Owner Agent Tenant Other _____ Home Work Cell

Secondary Contact Email: _____

PURPOSE OF APPRAISAL:

Purchase/Sale \$ _____ Refinance Other _____
Contract Price Estate, Divorce, Pre-sale, RELO, Insurance, Review

PROPERTY TYPE:

Single Family Multi-Family Attached Condo Vacant Other _____

REPORT FORM TYPE:

1004 2055 Multi 2-4 Family Condo (1073) Vacant Other _____
Indicate here if additional forms are needed.

INSPECTION TYPE:

Full Appraisal (Interior & Exterior) Drive By (Exterior Only) Final/Draw Inspection

FHA/USDA _____
Case Number