

MOBILE HOME APPRAISAL REPORT (USA)

DATE: _____

APPRAISER: _____

APPRAISAL COMPANY (if applicable): _____

PROPERTY		
Address (including city, state, zip code):		
Legal Description:		
Assessor's Parcel #:	Tax Year:	R.E. Taxes: \$
Neighborhood Name:	Map Reference:	Census Tract:
Borrower:		Owner of Public Record:
Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		
Project Type (if applicable): <input type="checkbox"/> Planned Unit Development <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Other: _____		
Special Assessments: \$	HOA: \$ <input type="checkbox"/> per year <input type="checkbox"/> per month	
Property Rights Appraised: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Other: _____		
Assignment Type: <input type="checkbox"/> Purchase Transaction <input type="checkbox"/> Refinance Transaction <input type="checkbox"/> Other: _____		
Lender/Client:	Address:	
Has this property (currently or in the past twelve (12) months) been offered for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offering Price: \$ _____		
Offering Date: _____		
Data source(s) used:		

CONTRACT FOR SALE	
Analysis of the contract was completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results of the analysis / Reasons for not completing the analysis:	
Contract Price: \$	Date of Contract:
Property seller is the owner of record: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any financial assistance (e.g. loan charges, sale concessions, etc.) to be paid by any party on behalf of the borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Amount to be paid \$ _____	
Items to be paid:	
Analysis of the manufacturer's invoice was completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results of the analysis / Reasons for not completing the analysis:	
Retailer's Name (new construction):	

NEIGHBORHOOD
Neighborhood Characteristics: Location: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural 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
Mobile Home Trends: Property Values: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing Supply/Demand: <input type="checkbox"/> Shortage <input type="checkbox"/> In Balance <input type="checkbox"/> Over Supply Marketing Time: <input type="checkbox"/> Under 3 months <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> Over 6 months
Mobile Home: Average Price: \$ _____ Average Age: _____ years
Present Land Use: One Unit: _____ % 2 - 4 Unit: _____ % Multi-family Unit: _____ % Commercial: _____ % Other: _____ %
Neighborhood Boundaries:
Neighborhood Description:
Market Conditions:

SITE	
Dimensions:	Area:
Shape:	View:
Specific Zoning Classification:	Zoning Description:
Zoning Compliance: <input type="checkbox"/> Legal <input type="checkbox"/> Legal Nonconforming (grandfathered use) <input type="checkbox"/> No Zoning <input type="checkbox"/> Illegal (describe): _____	
Is the property currently being used to its full potential? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe:	
Utilities: Electricity: <input type="checkbox"/> Public <input type="checkbox"/> Other (specify): _____ Gas: <input type="checkbox"/> Public <input type="checkbox"/> Other (specify): _____ Water: <input type="checkbox"/> Public <input type="checkbox"/> Other (specify): _____ Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Other (specify): _____	
Off-Site Improvements Streets: <input type="checkbox"/> Public <input type="checkbox"/> Private Alleys: <input type="checkbox"/> Public <input type="checkbox"/> Private	
FEMA Special Flood Hazard Area: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FEMA Flood Zone	
FEMA Map #:	FEMA Map Date:
Are the utilities and off-site improvements typical for the area? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	
Is the size, shape, and topography generally conforming and acceptable to the area? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	
Is there adequate vehicular access to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	
Is the street properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	

THIS IS A 17-PAGE FORM.