

Department of Veterans Affairs	REQUEST FOR DETERMINATION OF REASONABLE VALUE (Real Estate)
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1. CASE NUMBER		4. TITLE LIMITATIONS AND RESTRICTIVE COVENANTS: 1. <input type="checkbox"/> CONDOMINIUM 2. <input type="checkbox"/> PLANNED UNIT DEVELOPMENT							
2. PROPERTY ADDRESS (Include ZIP Code and county)	3. LEGAL DESCRIPTION								
5. NAME AND ADDRESS OF FIRM OR PERSON MAKING REQUEST/APPLICATION (Include ZIP Code) Primacy Mortgage, Inc. 4920 Riverlake Dr. Duluth, GA 30097		6. LOT DIMENSIONS: 1. <input type="checkbox"/> IRREGULAR: SQ/FT 2. <input type="checkbox"/> ACRES:							
9. BUILDING STATUS 1. <input type="checkbox"/> PROPOSED 3. <input type="checkbox"/> EXISTING 2. <input type="checkbox"/> UNDER CONSTRUCTION 4. <input type="checkbox"/> ALTERATIONS, IMPROVEMENTS, OR REPAIRS		10. BUILDING TYPE 1. <input type="checkbox"/> DETACHED 3. <input type="checkbox"/> ROW 2. <input type="checkbox"/> SEMI-DETACHED 4. <input type="checkbox"/> APT. UNIT		11. FACTORY FABRICATED? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO		7. UTILITIES (X) ELEC. GAS WATER SAN. SEWER			
						1. PUBLIC			
						2. COMMUNITY			
14A. CONSTRUCTION WARRANTY INCLUDED? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO (If "Yes", complete Items 14b and 14c also)		14B. NAME OF WARRANTY PROGRAM		14C. EXPIRATION DATE (Month, day, year)		15. CONSTRUCTION COMPLETED (Mo., yr.)			
						1. PRIVATE 2. PUBLIC			
						1. PRIVATE 2. PUBLIC			
16. NAME OF OWNER		17. PROPERTY: <input type="checkbox"/> OCCUPIED BY OWNER <input type="checkbox"/> NEVER OCCUPIED <input type="checkbox"/> VACANT <input type="checkbox"/> OCCUPIED BY TENANT (Complete Item 18 also)				18. RENT (If applic.) /MONTH			
19. NAME OF OCCUPANT		20. TELEPHONE NO.	21. NAME OF BROKER		22. TELEPHONE NO.	23. DATE AND TIME AVAILABLE FOR INSPECTION <input type="checkbox"/> AM <input type="checkbox"/> PM			
24. KEYS AT (Address)			25. ORIGINATOR'S IDENT. NO.	26. SPONSOR'S IDENT. NO.		27. INSTITUTION'S CASE NO.			

28. PURCHASER'S NAME AND ADDRESS (Complete mailing address, Include ZIP Code)

EQUAL OPPORTUNITY IN HOUSING

29. NEW OR PROPOSED CONSTRUCTION - Complete Items 29A through 29G for new or proposed construction cases only						
A. COMPLIANCE INSPECTIONS WILL BE OR WERE MADE BY: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> NONE MADE		B. PLANS (Check one) <input type="checkbox"/> FIRST SUBMISSION <input type="checkbox"/> REPEAT CASE (If checked complete Item 29C)		C. PLANS SUBMITTED PREVIOUSLY UNDER CASE NO.		
D. NAME AND ADDRESS OF BUILDER		E. TELEPHONE NO.	F. NAME AND ADDRESS OF WARRRANTOR		G. TELEPHONE NO.	
30. COMMENTS ON SPECIAL ASSESSMENTS OR HOMEOWNERS ASSOCIATION CHARGES			31. ANNUAL REAL ESTATE TAXES		33. LEASEHOLD CASES (Complete if applicable)	
			32. MINERAL RIGHTS RESERVED? <input type="checkbox"/> YES(Explain) <input type="checkbox"/> NO		A. LEASE IS: <input type="checkbox"/> 99 YEARS <input type="checkbox"/> RENEWABLE	B. EXPIRES (Date)
					34. ANNUAL GROUND RENT	
34A. SALE PRICE OF PROPERTY		34B. IS BUYER PURCHASING LOT SEPARATELY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", see instruction page under "Sale Price")	35. REFINANCING-AMOUNT OF PROPOSED LOAN	36. PROPOSED SALE CONTRACT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		37. CONTRACT NO. PREVIOUSLY APPROVED BY VA THAT WILL BE
38. REMARKS						

ASSIGNMENT OF APPRAISER

39. DATE OF ASSIGNMENT	40. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE	NOTE TO APPRAISER: You are assigned to make an appraisal of the above-described property and to submit your report to this office. If Item 1, 3 or 4* of block 9 is checked, you must submit two copies of the report. Your estimate of reasonable value is subject to administrative adjustment. If existing construction is appraised, you must gain access to the interior of the property to be appraised, and two photos (different views) of the subject property must be submitted with your report. A front-view picture of each comparable used in the market data analysis must also be provided with your report unless this appraisal involves a low-rise or high-rise condominium; or a horizontal condominium development or townhouse planned-unit development, provided the comparables are located in the same project as the subject property and are considered substantially identical to the subject property in design (i.e., same unit type constructed by same builder). If you cannot complete this assignment in 5 days, please notify the Loan Guaranty Officer or designee immediately. *Photos of the subject property are required only if Item 3 or 4 is checked
41. NAME AND ADDRESS OF APPRAISER (Complete mailing address, Include ZIP Code)		