



APPRAISAL REQUEST FORM

DATE: _____

949-788-2740

Lender: First Mortgage Corporation

Address: 7595 Irvine Center Drive

Phone: 866-777-8827

Fax 949-788-2740

E-Mail Report To: _____

Borrower

Owner Occupied ☐
Tenant Occupied ☐
Vacant ☐

Property Type: ☐ SFR ☐ Condo ☐ Town Home ☐ Multi

Property Address _____

City _____

Zip _____

Phone: _____

Home _____

His Cell _____

Work _____

Her Cell _____

Other Contact For Property Access: _____

Appraisal Type:

☐ FHA ☐ CONV

☐ SFR ☐ CONDO ☐ 2-PLX ☐ 3-PLX ☐ 4-PLX

Other _____

☐ Drive By 2055
☐ Rental Survey Form#1007
☐ Operating Income Form#216
☐ Market Research Form#1004 MC

☐ Purchase

☐ Sale Price

Any Seller Paid Closing Costs: _____

☐ Refinance

LTV _____

Special Features Noted By Owner:

(Room Additions, Pool, Remodeling. Etc...) _____

Credit Card (required):

Name on Card: _____ CC #: _____ Exp: _____

Billing address: _____ City: _____ Zip Code: _____

CVV (3 digit security code): _____

Amount: \$ _____

Borrowers Signature: _____ **Date Signed:** _____

