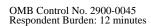
OMB Control No. 2900-0045 Respondent Burden: 12 minutes

| 1. CASE NUMBER   |                                 |                   |                              |                            |            | 4. TITLE LIN                                     | MITATIONS AN  | O RESTI         | RICTIVE                           |                            |  |
|--|---------------------------------|-------------------|------------------------------|----------------------------|------------|--|---|-----------------|-----------------------------------|----------------------------|--|
| 2. PROPERTY ADDRESS (Include ZIP C   | Code and county)                | 3. LE(            | GAL DESC                     | RIPTION                    |            | -  |   |                 |                                   |                            |  |
|  |                                 |                   |                              |                            |            |  |   |                 |                                   |                            |  |
|  |                                 |                   |                              |                            |            |  |   |                 | PI ANN                            | IED UNIT                   |  |
| 5A. NAME AND ADDRESS OF FIRM OR PERSON MAKING REQUEST/APPLICATION (Include ZIP Code) |                                 |                   |                              |                            | de)        | 1. CONDOMINIUM 2. DEVELOPMENT 6. LOT DIMENSIONS: |   |                 |                                   |                            |  |
| •  |                                 | , <u></u>         | •                            | (memae 211 °Co             | ,          |  |   |                 |                                   |                            |  |
|  |                                 |                   |                              |                            |            |  | GULAR:  | SQ/FT           |                                   | RES:                       |  |
|  |                                 |                   |                              |                            |            | 7. UTILITIE                                      | S(X) ELEC   | . GAS           | WATER                             | SAN. SEWE                  |  |
|  |                                 |                   |                              |                            |            | 2. COMMUL<br>3. INDIVIDE                         | ·   |                 |                                   |                            |  |
|  |                                 |                   |                              |                            |            | 8. 1.  | RANGE/ 4.   |                 | THES 7                            |                            |  |
| 5B. E-MAIL ADDRESS (TO BE NOTIFIE  | D WHEN APPRAISAL                | . UPLOADED)       |                              |                            |            | Q 2  | OVEN REFRIG. 5.                                       | ☐ DR\           | SHER<br>YER <sup>8</sup><br>RBAGE | ☐ FAN<br>. ☐ W/W<br>CARPE  |  |
| 9. BUILDING STATUS 3. TE   | XISTING                         | 10. BUILDING      | ГҮРЕ                         | 11. FACT                   |            | 12A. NO. OF                                      | WASHER 6.1  | 13A. S          | POSAL<br>TREET 1                  | 3B. STREET                 |  |
|  | LTERATIONS,<br>MPROVEMENTS,     | 1. DETACH         |                              | APT.                       | ICATED?    |  | LIVING UNITS  | 1. □ PF         | RIVATE 1                          | MAINTENANC                 |  |
| 14A. CONSTRUCTION WARRANTY   |                                 | 2. <u> </u>       |                              |                            | IRATION I  |  | 15. CONSTRU   | 2.∐PU<br>ICTION |                                   | P. <u>PUBLIC</u><br>TED    |  |
| INCLUDED?  (If "Yes," comple   |                                 |                   |                              | (Month, o                  | lay, year) |  | (Month, year)   |                 |                                   |                            |  |
| 1. YES 2. NO 16. NAME OF OWNER   |                                 | 17. PROPERTY:     |                              |                            |            |  | 18. RENT (If applicable)                              |                 |                                   |                            |  |
|  |                                 | CUPIED BY         | □ NEV                        |                            | /ACANT     |  | PIED BY TENA<br>ete Item 18 also)                     | NT s            |                                   | / MONT                     |  |
| 19. NAME OF OCCUPANT   | 20. TELE                        | PHONE NO.         |                              | AME OF BROKE               |            | (сотр  | ere nem 10 uiso)                                      | 22.             | TELEPHO                           | NE NO.                     |  |
|  | (metua                          | e med code)       |                              |                            |            |  |   | (1              | neinae 1176                       | u coue)                    |  |
| 23. KEYS AT(Address)   | I                               |                   | 24. ORIGI                    | NATOR'S IDENT              | . NO. 25.  | SPONSOR'S  | IDENT. NO.  | 26. INST        | TTUTION                           | S CASE NO.                 |  |
|  |                                 |                   |                              |                            |            |  |   |                 |                                   |                            |  |
| 27. PURCHASER'S NAME AND ADDRE   | ESS (Complete mailin            | g address, Includ | e ZIP Code)                  |                            | •          | E  | QUAL OPPOR  | TUNIT           | Y IN HOU                          | ISING                      |  |
|  |                                 |                   |                              |                            |            | discrimi   | Federal laws a<br>nation because                      | of race,        | color, re                         | ligion, sex,               |  |
|  |                                 |                   |                              |                            |            | property   | nal origin in th<br>v. Numerous St<br>ces also prohib | ite statui      | tes and lo                        | cal                        |  |
|  |                                 |                   |                              |                            |            | addition<br>prohibit                             | , section 805 og<br>s discriminator                   | the Civ         | il Rights 2                       | Act of 1968                |  |
|  |                                 |                   |                              |                            |            | the finar  | icing of housin                                       | ζ.              |                                   |                            |  |
|  |                                 |                   |                              |                            |            | antidisc   | ds there is non<br>rimination laws<br>nue business w  | or regu         | lations, i                        | any<br>t may               |  |
| 28. NEW OR F   | PROPOSED CONST                  | RUCTION - Co      | omplete Iter                 | ns 28A through 2           | 8E for new |  |   |                 | oitior.                           |                            |  |
| A. NAME AND ADDRESS OF BUILDER   |                                 | ILDER ID NO.      | C. TELE                      | PHONE NO.<br>de Area Code) |            |  | SS OF WARRA   |                 |                                   | PHONE NO.<br>le Area Code) |  |
|  |                                 |                   |                              |                            |            |  |   |                 | ·                                 |                            |  |
|  |                                 |                   |                              |                            |            |  |   |                 |                                   |                            |  |
|  |                                 |                   |                              |                            |            |  |   |                 |                                   |                            |  |
| 29. APPLICABLE POINT OF CONTACT  | (POC) INFORMATI                 | ON 30             |                              | REAL ESTATE                | TAXES      | <b>—</b>   | . LEASEHOLD<br>ASE IS:                                | _               | (Complete                         |                            |  |
|  |                                 |                   | 31. MINERAL RIGHTS RESERVED? |                            |            |  | 99 YEARS  |                 |                                   | ()                         |  |
|  |                                 |                   | YES (Explain)                |                            |            |  | C. ANNUAL GROUND RE                                   |                 |                                   |                            |  |
|  |                                 |                   | □ NO                         |                            |            |  | RENEWABLE   | \$              |                                   |                            |  |
| 33A. SALE PRICE OF PROPERTY 33I  | B. IS BUYER PURC<br>SEPARATELY? | HASING LOT        |                              | 34. REFINANC<br>OF PROPC   |            |  | ROPOSED SAL   | E CONT          | RACT AT                           | TACHED                     |  |
| YES (If "Yes," see instruct "Sale Price")  |                                 |                   | ion page under               |                            |            | YES  |   |                 |                                   |                            |  |
| Suie Trice )   |                                 |                   | \$                           |                            |            |  | □NO   |                 |                                   |                            |  |
| O CHAT I CATT  | 1                               |                   |                              | R SUBMISSIO                |            |  | *11   | 1               |                                   | · ·                        |  |
| On receipt of "Notice of Value" of<br>the appraiser the approved fee wh              |                                 | •                 |                              | ns Affairs that            | a "Notice  | e of Value" v                                    | vill not be iss                                       | ied, we         | e agree to                        | forward to                 |  |
| 36. SIGNATURE OF PERSON AUTHORIZING THIS REQUEST                                     |                                 | EST 37.           | 37. TITLE                    |                            |            |  | 38. TELEPHONE NUMBER (Include Area Code) 39. DATE     |                 |                                   |                            |  |
|  |                                 |                   |                              |                            |            |  |   |                 |                                   |                            |  |
| 40. DATE OF ASSIGNMENT   |                                 |                   | 41. NAME OF APPRAISER        |                            |            |  |   |                 |                                   |                            |  |
| 40. DATE OF ASSIGNMENT   |                                 | 41                | NAME OF                      | APPRAISER                  |            |  |   |                 |                                   |                            |  |
| 40. DATE OF ASSIGNMENT   |                                 | 41.               | NAME OF                      | APPRAISER                  |            |  |   |                 |                                   |                            |  |





## INSTRUCTIONS FOR PREPARATION OF VA REQUEST FOR DETERMINATION OF REASONABLE VALUE

Respondent Burden: We need this information to request an appraisal on the property for which VA guarantee of the loan is requested (38 U.S.C. 3710(b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 12 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA</a>. If desired, you can call 1-800-827-1000 and give your comments or ask for mailing information on where to send your comments.

NOTE: ALL ENTRIES MUST BE TYPED.

Complete the form following the instructions below. After completion forward the form, together with any necessary exhibits to the VA office having jurisdiction.

Since certain selected data from page 1 is transcribed onto VA NOV (Notice of Value), we request that this form be carefully prepared. Incomplete submissions impede timely processing at the expense of both the Government and the requester.

This report is authorized by law (38 U.S.C. 3704(a) and 3710(b). Failure to provide the information requested can result in rejection of the property as security for a loan.

## REQUIRED EXHIBITS TO BE SENT WITH APPLICATION

PROPOSED CONSTRUCTION: Submit complete set of certified working drawings, including plot plan, foundation or basement plans, plans of all floors, exterior elevations, grade levels, sectional wall details, heating layout, individual well and septic system layout, and specifications on VA Form 26-1852, Description of Materials. (Consult local VA office for number of exhibit sets required.) This information is subject to reproduction by VA under 38 U.S.C. 3705(b) and for storage purposes.

EXISTING CONSTRUCTION: 1. ALTERATIONS, IMPROVEMENTS OR REPAIRS - Complete drawings and specifications indicating the work to be done and its relation to the house, in the quantity required by the local VA office. 2. NOT PREVIOUSLY OCCUPIED AND CONSTRUCTION COMPLETED WITHIN 12 CALENDAR MONTHS - Contact local VA office for eligibility criteria and required exhibits.

## FORM ENTRIES

NAME, ADDRESS, AND ZIP CODE: Make sure to enter the ZIP code in all blocks which require an address entry.

LEGAL DESCRIPTION: Insert legal description.

TITLE LIMITATIONS: Enter known title exceptions. If none are known, enter "None." Include easements, special assessments, mandatory homeowners association membership, etc. Exceptions noted on this application will be considered in reasonable value.

LOT DIMENSIONS: Show frontage X depth. If irregular, indicate dimensions of all perimeter lot lines.

REMOVABLE EQUIPMENT: Personal property, such as furniture, drapes and rugs, will not be valued and may not be included in the loan. However, wall-to-wall carpeting may be included in value and also included in the loan.

CONSTRUCTION COMPLETED: Insert both month and year when property has been completed less than two years. If over two years old, insert year completed only.

COMMENTS ON SPECIAL ASSESSMENTS AND/OR HOMEOWNER ASSOCIATION CHARGES: Indicate special assessments which are now a lien or will become a lien. In the case of a planned unit development, condominium, or a mandatory membership homeowner association, indicate the current monthly or other periodic assessment.

MINERAL RIGHTS: If reserved, explain either in space shown as title exceptions or by separate page.

LEASEHOLD CASES: (Usually Hawaii or Maryland.) If property involves a leasehold, insert the ground rent per year and show whether the lease is for 99 years or renewable, whether it has previously been VA approved, and its expiration date

SALE PRICE: Enter proposed sale price except when application involves an individual owner-occupant building for himself/herself. In such cases, enter estimated cost of construction and the balance owed on the lot, if any. If refinancing, enter amount of proposed loan in Item 34.

NOTE: If title is not "fee simple," submit a copy of all pertinent legal data providing a full explanation of the title involved.