

Request for Appraisal

Part I - Request		
To (Name & Address of Appraiser): To Be completed by New Seasons Financial		From (Name & Address): New Seasons Financial, LLC 102 Corporate Drive Langhorne, PA 19047 1-800-520-6956
Applicant (Name & Address): Please include your phone number		Lender (Name & Address): New Seasons Financial, LLC 102 Corporate Drive Langhorne, PA 19047 1-800-520-6956
Authorized by (Signature):	Title:	Date:
Part II - Property and Mortgage Information		
Property Type: <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Condo <input type="checkbox"/> PUD <input type="checkbox"/> CO-OP	Occupancy Status: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property No. of Units _____	Type of Loan: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA/Rural Housing <input type="checkbox"/> Other _____
		Lien Position: <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage
		Loan Purpose: <input type="checkbox"/> Purchase <input type="checkbox"/> Cash-Out Refi <input type="checkbox"/> No Cash-Out Refi <input type="checkbox"/> Construction <input type="checkbox"/> Construction-Perm <input type="checkbox"/> Other _____
Sales Price: \$	Estimated Value: \$	Loan Amount: \$
Property Address:		Estate Will Be Held In: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold expiration date: _____
Legal Description:		
Escrow Company:		Title Company:
Listing Agent:		Selling Agent:
Part III - Appraisal Information		
Appraisal Type: <input type="checkbox"/> Interior/Exterior(Full) <input type="checkbox"/> Exterior Only <input type="checkbox"/> Market Rent analysis <input type="checkbox"/> Land Appraisal		Due Date:
Estimate of Value Should Be: <input type="checkbox"/> As is <input type="checkbox"/> As Completed		Appraisal Cost: \$
Payment Method: <input checked="" type="checkbox"/> C.O.D <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice Client <input type="checkbox"/> Bill _____ <input type="checkbox"/> Other _____		Appraisal Order Number: Appraisal Type(s) Ordered:
Comments:		E-mail Appraisal To: Contact for Entry: (if not the same as borrower)
Instructions to Borrower: Please fax this form back to 215-754-4224 and we will order the appraisal		