

# Request for Appraisal

<b>Part I - Request</b>				
(Name & Address of Appraiser):		Broker Name: _____		
		Loan Officer: _____		
		LO Phone/Email: _____		
		FSB AE: _____		
		FSB App5: _____		
Applicant (Name & Address) AND EMAIL ADDRESS IS REQUIRED:		Lender (Name & Address):		
Borrower Email: (required)		Flanagan State Bank 301 W Falcon Flanagan, IL 61740		
Processor Name: _____		Email: _____	Phone: _____	
-			( )	
<b>Part II - Property and Mortgage Information</b>				
Property Type:	Occupancy Status:	Type of Loan:	Lien Position:	Loan Purpose:
<input type="checkbox"/> Detached	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Conventional	<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Purchase
<input type="checkbox"/> Attached	<input type="checkbox"/> Second Home	<input type="checkbox"/> FHA	<input type="checkbox"/> Second Mortgage	<input type="checkbox"/> Cash-Out Refi
<input type="checkbox"/> Condo	<input type="checkbox"/> Investment Property	<input type="checkbox"/> VA		<input type="checkbox"/> No Cash-Out Refi
<input type="checkbox"/> PUD		<input type="checkbox"/> USDA/Rural Housing		<input type="checkbox"/> Construction
<input type="checkbox"/> CO-OP	No. of Units _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Construction-Perm
				<input type="checkbox"/> Other _____
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:		
<b>Part III - Appraisal Informatio</b>				
Appraisal Type:		Due Date:	Appraisal Order Number:	
<input type="checkbox"/> Interior/Exterior(Full) <input type="checkbox"/> Exterior Only			Appraisal Type(s) Ordered:	
<input type="checkbox"/> Market Rent analysis <input type="checkbox"/> Land Appraisal				
Estimate of Value Should Be:		Appraisal Cost:		
<input type="checkbox"/> As is				
<input type="checkbox"/> As Completed		\$		
Payment Method:		E-mail Appraisal To: appraisal@flanaganstatebank.com		
<input type="checkbox"/> C.O.D <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice Client				
<input type="checkbox"/> Bill _____ <input type="checkbox"/> Other _____		Contact for Entry: (if not the same as borrower)		
Comments:				
Authorized By:		Title:	Date:	