HOUSE APPRAISAL FORM

Date: ____/____/____ Day Time Phone (____) _____-_____

Name on Deed: _____ Lot size: _____X_____

Address of Property to be Appraised : _____ Section #: _____

: _____ Block # : _____

: _____ Lot #: _____

Attorney's Name :

_____

Attorney's :

_____

Address :

:

_____

Please Note: your appraisal will be mailed to your attorney's office - please obtain your copy from him/her.

Purchase Date ____/____/____ Style of House _____ Age of House _____
(ex: Colonial, Ranch, Split, Cape)

Nearest Cross Street _____ Address # On House Yes____ No____

Circle one : Single Family House *Multi Family House
Attached House Semi Attached House
*If Multi Family we will need a room count per apartment.

Square Footage of House _____ # of car____ Garage ___ Yes ___ No Attached or Detached

Number of: Bedrooms _____ Dens _____ Dining Rooms _____

Eat In Kitchen _____ Work Kitchen _____ Living Rooms _____

*Bathrooms _____ *½ Bathrooms _____ Fireplace _____
*(Full bathroom = sink, toilet, tub and/or shower ½ bathroom = sink and toilet)

Basement_____ Finished ___ Yes ___ No (Basement rooms should not be counted if below ground level)

Pool ___ Yes ___ No if Yes (Circle One) Above Ground / In Ground Size _____

Any Major Repairs or Renovations Needed to increase or decrease value of property:

_____

_____

_____

Reason for Appraisal: Bankruptcy Marital Estate (please furnish date of demise) Other

The fee is to be paid with money order or certified check made payable to: **David R. Maltz & Co., Inc.**
Mailing address:

David R. Maltz & Co., Inc.
155 Terminal Drive
Plainview, New York 11803
Tel. Number (516) 349-7022/Fax Number (516) 349-0105